John S. Butler

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OBSERVATIONS ON THE MANAGEMENT OF MADHOUSES.

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OBSERVATIONS ON THE MANAGEMENT OF MADHOUSES,

ILLUSTRATED BY OCCURRENCES IN THE WEST RIDING AND MIDDLESEX ASYLUMS.

By CALEB CROWTHER, M.D.

FORMERLY SENIOR PHYSICIAN TO THE WEST RIDING PAUPER LUNATIC ASYLUM.

(Part I.)

"Without incessant watchfulness, without one unsleeping eye for ever over our public Institutions, they become like wastes and commons, open, apparently, to all, productive of benefit to none."

Bulwer, on England and the English.

LONDON:

SIMPKIN, MARSHALL, AND CO.

1838.

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ERRATA.

Page 10, *for* "introduced," *read* "induced."
39, *for* "to pass of," *read* "to pass off."
58, *for* "lesson," *read* "lessen."
82, *for* "Chancellers," *read* "Chancellors."
92, *for* "mono maniacs," *read* "monomaniacs."
108, *for* "he obviated," *read* "be obviated."
110, *for* "Pysician," *read* "Physician."
134, *for* "cure of syphilis," *read* "curers of syphilis."

ROWLAND HURST, PRINTER, WAKEFIELD.

OBSERVATIONS, &c.

CHAPTER I.

INTRODUCTION.

Et mihi res, non me rebus, submittere conor.

ANXIOUS to communicate, to those who have the power of improving the management of the Insane, the observations which I have made, at home and abroad, during a long life spent in extensive public and private practice, and during my visits to many institutions for the Insane, I have endeavoured to arrange under separate heads, the topics which have most strongly arrested my attention.

We do not yet possess sufficient data to enable us to write a complete Essay on Madhouses; we are very deficient in statistical details, and we are not thoroughly acquainted with all the improvements which have been made in foreign countries. This empire has not taken the lead in improving

the treatment of the Insane; we are indebted to France for many of the improvements which have been adopted; to Pinel and to Esquirol. The Society of Friends, I believe, have had the merit of introducing into this country the mild and humane mode of treating Insanity, and of pointing out the abuses existing in our public establishments. Until the year 1814, our metropolitan Madhouses were mere places of detention, sinks of filth and wretchedness, where the Insane were treated more like brutes than human beings; they were in a half naked condition, chained to a wall, and bedded with straw. Since the date of these enquiries the condition of the Insane, in this country, has considerably improved, but is still far from being what it ought to be. Unless public vigilance be maintained, unless the community be kept on the alert, there is danger lest the evil genius which has so long tenanted Bethlem, should domicile itself in Hanwell and Wakefield.

The Government committed a great mistake in putting the county Asylums under the direction of the unpaid Magistrate, instead of placing them under a Medical Board, with a Minister of Health at its head.

It is a self-evident proposition, that no man can govern well, who does not by himself or his

agents understand the relative duties and business of the parties to be governed. It would be just as proper to appoint the unpaid Magistrate to govern the Army, the Navy, the Church, or the Law Courts, as to govern Medical Men. They neither possess the knowledge nor the impartiality necessary for this purpose. If a Medical Man deceive them, they continue to protect him, in order that they may not appear to be his dupes. If they have been instrumental in appointing a Medical Man to an office, they deem it necessary to wink at his delinquencies, lest their sagacity in making the appointment should be called in question. But supposing the case to be otherwise, and that all Justices acted according to the best of their judgment, it is utterly impossible for them to know whether or not the patients have been properly treated. They will not permit official local visitors to attend for fear of losing power, and they themselves are unable to devote to an Asylum sufficient time to ascertain whether or not the different medical officers and keepers attend properly to their respective duties. In the year 1833, I presented petitions to the two Houses of Parliament, on this very subject, and I am happy to find that during the year 1837, this principle was acted upon by Government, with regard to the Irish

medical charities. There are many circumstances which prevent, the few who have the power of imparting useful information, from giving the result of their observations to the public. It is a topic which neither leads to profit nor fame; on the contrary, it is likely to excite the hatred and the ill will of the negligent, the knavish, the empirical Medical Superintendent of Madhouses. It is an established axiom that one enemy does a man more harm than twenty friends do good; on this account, Physicians, in the meridian of life, fear to expose the neglect and misdeeds of others, lest they themselves should suffer from the sarcasms and misrepresentations of those wicked beings whom they have exposed. It is the practice of the special pleader, in such cases, to point out some slight inaccuracy in the statement, and to argue from this that the whole is inaccurate. My information has been derived from a great variety of sources; I have faithfully delineated the facts which have been pointed out to me, and I entertain no doubt of their being substantially true. I come forward as the gratuitous advocate of a set of poor wretched unfortunate beings, who are incapable of pleading their own cause. I neither court the favors, nor fear the frowns, of the great and powerful. My object is to promote enquiry respecting existing abuses,

and to improve the management of the Insane. I am desirous that my plan should become an object of consideration, and that if based on sound sense and public utility, it should be adopted, or in lieu of it, any other more practicable plan, having the same object in view. It is by the good or bad tendency of the measures which I recommend, that I wish to be judged. From my age, the ordinary course of events and the occurrences of this life must soon lose their interest, or cease to be known to me; but as long as health, life, and reason remain, I trust that I shall never cease to feel an interest in the advancement of medical science, and particularly of that department of it which relates to the treatment of Insanity.

Of this I am firmly persuaded, that any honourable, high-minded Asylum Medical Superintendent, well qualified for the office, and anxious to promote the welfare of the Institution to the utmost of his ability, would rather be under the control of, and co-operate with a Medical Board of Commissioners, aided by non-resident Physicians, local Visitors, and publicity, than be placed under the Star Chamber jurisdiction of a set of ignorant and irresponsible Justices.

I have been induced to print my observations, in order to give me an opportunity of communi-

cating them to several influential individuals who possess the power and the will to improve our public institutions.

The only way in which such a topic could be made popular, would be to throw the information into the form of a novel, in which case I might, indeed, secure a mass of readers, but they would be of the frivolous class, not calculated to promote the object which I have in view.

In the course of this work, I have had occasion to introduce several names, which I should have omitted if I could have rendered the subject sufficiently intelligible without such illustration. It is from the Government, and not from the unpaid Magistrate, that I hope for and anticipate improvement and reform. Being an unpracticed composer, had I acted in conformity with the fashion of the day, I am well aware that by submitting my pamphlet to some hacknied writer, I might very materially have improved the style and euphony. By this mode of proceeding, however, I should have run the risk of often sacrificing the sense to the sound, and of weakening the force of the sentiment which I meant to express. I have, therefore, preferred publishing the spontaneous expression of natural thought, to the refined polish of superior composition.

CHAPTER II.

Is it possible for Insanity to be treated in the most efficient manner of which the present state of Science admits, by a Medical Man whose attention has been confined to that disease only; and has the advancement of Medical Science been promoted by men who have confined their attention to one disease?

Les esprits mediocres condamnent d'ordinaire tout ce qui passe leur portée.

Many learned men, who stand high in the Church and at the Bar, have, I am well aware, expressed an opinion, not only of the possibility of such an event, but of its frequent occurrence.

The object which I have in view, in the remarks which I am about to make, is to render this topic intelligible to well educated men. The prejudice on this subject is so strong, and the explanation so complicated, that I despair of conveying conviction to the unlettered mind. By the division of labour the mechanical arts and manufactures have been greatly improved. In natural

history, also, great advances have been made by the division of labour. The botanist, who has confined his attention to a particular class or order of plants, has contributed greatly to the elucidation of the science, by furnishing a more accurate description and classification of the plants, which have been the objects of his study, than we formerly possessed. In entomology, the discoveries made by the blind man Huber, repecting the economy of bees and ants, have excited the delight and admiration of all naturalists.

The chief knowledge necessary for the improvement of the mechanical arts and manufactures, is that of chemistry and mechanical philosophy. In botany and natural history, all that is required to excel is a correct knowledge of the language and first principles of the science; such a love for it as will secure a steady and constant attention to the subject, and a clear and discriminating judgment.

By the division of labour the acquisition of medical science is greatly facilitated, but to practice medicine in the best manner of which the science admits, requires a concentration of all the knowledge that can be acquired in the best schools. No man can excel in the cure of any one disease, who has not acquired the preliminary knowledge

necessary to enable him thoroughly to understand the general practice of medicine in all diseases; nor without that tact which can only be acquired at the bedside of the patient. We possess excellent monographs of diseases of the heart, lungs, brain, and eyes, but let the reader notice by whom these treatises are written; not by men exclusively attending to one disease, but by men distinguished for their extensive and superior general knowledge. If the superintendent of a madhouse, an oculist, an aurist, or a watering place doctor should happen to publish on the disease which he pretends to cure, you find that every part of his book, containing information of any value, is pirated from some standard practical work, and that his own composition consists of fabricated cases of cures, of empirical puffing, and of abuse of his rivals.

The diseases of the arterial and nervous system, the diseases of the skin and absorbent system, the functional disturbances and structural diseases of the different vicera of the human body, are frequently so intermixed, as to render it impossible for any one to prescribe, beneficially, who does not understand general therapeutics. There is frequently a transition of disease from one part of the body to another. A local disease is sometimes converted into a general one, and a general disease into a local one.

Perhaps the best method of illustrating this subject will be, to refer the general reader to the different causes producing inflammation of the eyes, each cause requiring a different mode of treatment. Inflammation of the eyes may be produced by rheumatism, by neuralgic pains, or by too strong light where the nerves are not effected; by exposure to cold in plethoric habits, or in scrofulous habits; by syphilis, or by gonorrhœa, &c. &c. To cure ophthalmia, originating from these different causes, requires a knowledge of the treatment of nervous diseases, of inflammatory diseases, of scrofula, and of the venereal disease in its various forms. It is utterly impossible for the mere oculist, ignorant of the practice of medicine generally, to cure a disease produced by so many different causes, and to be treated in as many different modes. One of the first oculists of the day very properly observes, that no one except the thorough surgeon can make the complete occulist; I allude to Mr. Travers.

These observations apply with equal, nay with superior force to the cure of Insanity. This disease is introduced by nervous irritation, by inflammation, by functional or structural disorder of almost every organ in the human body. It is frequently the sequel of other diseases, and the symptoms of the original disease are often so masked, as to give no intimation of the existence of extensive visceral

disease. I have witnessed the autopsy of a patient who, until within four days of his death, exhibited no symptom usually attending pulmonary consumption, whose lungs were extensively ulcerated, and generally adherent to the sides of the chest. It is only by the skilful use of the stethoscope, that we are able, in many insane cases, to ascertain the extent of visceral disease. In the cure of insanity, opposite and contradictory indications frequently present themselves, and the skill of the Physician is tested by his power of reducing these apparent contradictions to a focus.

There exist many Surgeons possessing great manual dexterity, whose heads are unable to guide their hands. They do not know when they ought, and when they ought not, to use the knife. These Surgeons resemble those practitioners who devote their whole time and attention to one disease, without understanding the general practice of physic. Whenever any thing out of the common way occurs they are at fault, and the probability is, that they injure instead of relieving their patients.

The uneducated man, who attempts to cure ague by Peruvian bark, tic douloureax by iron, the venereal disease by mercury, and even the itch by sulphur, sometimes commits errors which occa-

sion death. Some years ago, I visited a patient labouring under erysipelas, who had been made very seriously ill by the external use of sulphur, which had been used on the supposition that the disease under which this patient laboured was the itch. Few men are accessary to more deaths than the ignorant bone-setter.

When so many of our Aristocracy and local Magistrates become the dupes of such impostors as St. John Long, we ought not to be surprised that the poor and ignorant are led away by them. Dr. Paris, in his Life of Sir H. Davy, remarks "that in the ordinary affairs of life we see conspicuous amongst the dupes of quackery and imposture, those whose stations should imply the best instructions, and whose conduct, unfortunately, has the effect of example." Some imagine, that the advantage derived from the division of labour in the mechanical arts, affords undeniable evidence of the advantage to be gained by a similar division in the practice of medicine. In the construction of a chronometer, a great many hands, very probably more than one hundred, are employed, and there is no doubt of its being made much cheaper in this way than it could be by the united efforts of only three or four individuals. But this is totally inapplicable to the treatment of each separate

disease by so many separate Medical Men. The Physician ought rather to be compared to the Philosopher, who, noticing the causes that produce the irregularities of the motions of the time-piece, devises means to counteract the contraction and expansion of the materials of which the instrument is made, when exposed to various temperatures, and to remove the numerous impediments occasioned by friction, by the carriage of the instrument, or by winding it up. It is clear that no man can point out the method of removing the impediments which prevent the equable motion of a chronometer, but a man of very extensive knowledge. He must not only be well acquainted with mechanical philosophy, but with chemistry.

The Physician, indeed, instead of operating upon dead matter, has to act upon a very complicated and perpetually varying living machine. To do this in the best manner possible, he ought to be well informed in the different branches of science connected with medicine, and with the general practice of physic. He can never practice efficiently in any one disease, until he has acquired a great deal of general knowledge. After such acquirements, he may improve his art by devoting a great deal of attention, but not an exclusive attention, to one disease. He who has no general

practice, cannot keep up his general knowledge of his profession, for this plain reason, *qui non proficit deficit*. Knowledge is never stationary; it is always either progressive or retrograde.

CHAPTER III:

On Quackery.

——— Rem facias; rem
Recte, si possis; si non, quocunque modo rem.

Between confining a Medical Man's practice to one disease and quackery, there is such a close connection, that I cannot dismiss this subject without making some allusion to it. Of late years, many well-educated medical practitioners, and watering-place doctors, have, in different parts of the kingdom, commenced the general practice of physic upon empirical principles. Divesting themselves of honour, truth, and honesty, their object is, to extract from the pockets of their patients the greatest possible quantity of money, in the shortest time possible. For this purpose, they resort

to every species of deceit, trickery, and boasting. They congratulate the patient who consults them, upon his fortunate escape from the ignorant treatment of the last person under whose care he has been; and assure him that if he had delayed his application a day or two longer, his life could not have been saved. They endeavour to acquire, secretly, a knowledge of the disease with which the patient about to consult them is affected, and then pretend, intuitively, to have discovered all the patient's ailments from his countenance, and in this manner secure his confidence. In one case, a celebrated spa-doctor told his patient, that on first entering the room, he discovered that the disease respecting which he was about to be consulted was a fetid discharge. A professional man belonging to the Church was quite delighted with the doctor's sagacity, and gave him great credit for being able to see a smell. Powerful medicines are often unnecessarily administered, and if the patient laboured under no serious disease before, the medicine given will frequently create one. Happy may he deem himself if, like the gamester, he escape simply with the loss of his money.

The life of a Medical Man in extensive practice is necessarily one of great toil and anxiety, but the life of a regularly educated quack is one of terror

and misery. Although totally dead to the feelings and sufferings of others, he is acutely alive to his own. He knows that dead men tell no tales, but he is wonderfully nervous respecting rumours among the living. He generally is protected by a brazen face, yet for lack of Horace's brazen wall,* whenever anything threatens his reputation, he is tormented by tossing sleepless agonizing nights, and he lives in constant fear of detection, exposure, and ruin.†

The only thing calculated to remove this evil, is the general diffusion of knowledge. As long as the majority of the people possessing considerable property continue to be very ignorant, so long must they be content to be the dupes of knaves. The fame of the empiric is generally transient; he requires a constant succession of new supporters, hence watering places present the finest arena for the dexterous empiric.

* Hic murus aheneus esto
Nil conscire sibi nulla pallescere culpa.

† This information I have acquired from those who have been domiciled with some of these empirical doctors.

CHAPTER IV.

Is the spread of Dysentery in our Lunatic Asylums a necessary Evil, or is it the Effect of Negligence on the part of the Medical Superintendent?

Malum nascens facile opprimitur, inveteratum fit robustius.

In the West Riding Pauper Lunatic Asylum, thirteen patients are reported to have died of this disease, besides the child of the Director, a housekeeper, and a male keeper. A number of other patients and servants have been very seriously ill of this disease, who have recovered. In the Middlesex Asylum, seventy-five patients are reported to have died of diarrhœa and dysentery. This disease has also destroyed six patients in the Kent Asylum. The Lancaster report does not specify the diseases of which each patient died.

From the reports presented to the House of Commons, from thirteen Pauper Lunatic Asylums, it appears that dysentery has not spread by infection in more than four of that number. In Glasgow Asylum, the architecture of which is as bad as the

West Riding Asylum, the disease is unknown. The same, I believe, may be said of the Manchester, Liverpool, and Richmond Asylums. At Charenton, I was told, that in consequence of the great quantity of acescent food and wines used in France, the people are more liable to attacks of dysentery than in this country.

In the large establishments of this country, where a great number of idiots, epileptic and demented patients, are confined together, great vigilance on the part of the Director is required to prevent the recurrence and spread of dysentery; but although it may be impossible on all occasions to prevent the breaking out of the disease, I am convinced, that it will always be possible to prevent its spread, unless when it is generally epidemic in the dictrict in which the Asylum is situated. The freedom of so many of our large establishments from this complaint, for a long series of years, sufficiently proves that there is no necessary connection between insanity and dysentery.

The history of the usual mode by which this latter disease is communicated by infection, and of the mode by which its progress is usually arrested, will, I conceive, afford satisfactory evidence of the possibility of uniformly preventing its spread.

The chief sources of infection from dysentery, are the effluvia arising from the morbid alvine excretions. A century ago, an eminent Army Physician, Dr. Donald Monro, arrested the progress of this disease by ordering the trenches, used by the soldiers as privies, to be covered with fresh earth every morning.

In a populous village in this neighbourhood, Daw Green, near Dewsbury, dysentery, for several successive years, made great havoc among the poor. It was observed that its periodical reappearance always took place about the same time of the year, in June or July, and that the ashes collected in front of the houses belonging to the poor, were usually removed at this season of the year, for agricultural purposes. The Medical Man who generally attended these poor people, having observed that the dysenteric excrementitious discharges were daily thrown upon these ash-heaps, and covered with fresh ashes, conceived that the recurrence of the disease was connected with the removal of the ashes. He recommended that in future the ashes should be removed during the winter, in frosty weather. This recommendation was adopted, and the disease did not again return.

During the time that dysentery was very prevalent and fatal in the West Riding, the Asylum

was free from this disease. When present in the Asylum, it did not exist in the neighbourhood. In Liverpool Asylum, the water-closets are regularly evacuated thrice a day by the keepers. In the West Riding Asylum, the water-closets have frequently been so choked up, by articles of clothing thrown in by the patients, that nothing solid would pass through them. Within the last three or four years, I believe, that some pains have been taken to remedy this evil.

In the House of Correction, at Wakefield, where a great number of the prisoners, some years ago, were affected by diarrhœa occasioned by the use of brown bread; in several individuals the diarrhœa degenerated into dysentery, where there existed no reason to suppose that the disease had been introduced from without. In this instance, it is probable, that the dysentery was occasioned by the accumulation of morbid fæces.

From these observations and facts, I am firmly persuaded, that when dysentery spreads by infection in an Asylum, it is the result of inattention and negligence. In the printed rules of the Middlesex Asylum, it is stated "that the keepers are expected also to examine the stools and urine of the patients, so as to be able to report their state, and every particular concerning them." Had this

simple rule been anything more than waste paper, had it been at all acted upon, seventy-five deaths from diarrhœa and dysentery would not have occurred in five years, at Hanwell, nor would the West Riding and Kent Asylums have suffered from this malady in the way which they have done. Had this rule been acted upon, the first appearance of the disease would have been reported to the Director, who would have ordered the patient to be separated from the rest. He would have ordered the alvine discharges to be mixed with * chloride of lime, and not to be thrown into the common water-closets, but to be removed into a suitable situation and covered with earth. So little attention is paid to prevent the spread of this disease at Wakefield, that even a patient in a double-bedded room, when seized with it, is not sent to the infirmary, nor is his companion in the adjacent bed sent away. The infirmary is certainly perched in the most inconvenient situation possible, at the summit of the building. Since this remark was written, I hear that one dysenteric patient has been sent into the infirmary. The patients being all locked up every night, it is very easy to ascertain

* In the Asylums where chloride of lime is used, no bad odour or closeness is experienced in bedrooms appropriated to the use of patients insensible to the calls of nature.

which of them has been attacked with diarrhœa or dysentery.

If we enquire into the practice at the large Asylums, we shall find that the disagreeable office of removing the urine and stools is performed by the insane patients, who are incapable of giving any correct account respecting them to the medical attendant. The patients are affected with the disease, and communicate it to others, before the Director knows anything of its existence. If the Director be allowed to be absent, it is contrary to all experience to expect that the keeper will faithfully discharge his duty. During the time when I was Physician to the West Riding Asylum, I have had a patient presented to me for the first time a day or two previous to his death, who from the intestinal disorganization apparent on the autopsy, must have been affected with the disease for some weeks.

During the prevalence of cholera Asiatica, in this neighbourhood, the visiting Justices issued an order, that no patient should be received from districts where that disease existed. This order manifested the great ignorance of Justices. The subsequent report informs us that only two cases were refused admission on this account, coming from dwellings in which cholera existed, but it is

impossible to tell, how many recent cases never made any application for admission, in consequence of this absurd order.

CHAPTER V.

On Inquests held at Asylums.

Si judicas, cognosce.

Until lately inquests have been held at the West Riding Asylum, at a great expence, and for no useful purpose, upon the death of every patient; now this event only takes place occasionally, and under particular circumstances. When for instance a patient commits suicide, or is found dead. The history of an inquest held at this Asylum in the year 1833, may serve to demonstrate how little has been, and how great might be, the advantage gained by such an investigation.

In the Parliamentary returns made by the West Riding Asylum, it is stated incorrectly, that none except pauper lunatics are admitted into that

institution. A gentleman, a man of education, possessing considerable private property, was admitted into this Asylum, having a strong suicidal tendency. He was well known to have repeatedly attempted self-destruction. Two or three days after his admission, he succeeded in destroying himself by means of a razor, which he found in the ward in which he was confined.

This event occurred during the absence of the Director. The jury expressed their surprise to find a gentleman possessing considerable property in this Asylum, and returned a verdict in conformity with the occurrences. The visiting Justices made a very superficial investigation into the case. They were told that a razor grinder, who was also an assistant keeper in the same ward, in which the deceased had been confined, was in the habit of setting or grinding the razors belonging to the Asylum. This operation, he was reported to have carried on in his own lodging-room; being called out to assist the keeper while thus employed, he left his lodging-room unlocked, and the deceased seized this opportunity to furnish himself with the fatal weapon. The Director being requested to account for his absence, stated that he had obtained leave of absence from one of the visiting Justices to visit his wife the matron, who was also

absent at Thorpe Arch, in a bad state of health, the result of dysentery which she had caught at the Asylum. The Justices fully satisfied with this enquiry, deeply commiserated the lady, and prolonged her leave of absence for a month, and thus the matter terminated, without any reprimand to the Director.

Had the Asylum been governed by a Board of Medical Commissioners, according to the plan suggested by me in my petition to the two Houses of Parliament, the result would have been very different. After having paid due attention to the situation of the sick Matron, a minute investigation, into various matters connected with this inquest, would have taken place. The Asylum not having been erected for the use of the Director and Matron, but for insane patients, they would very naturally inquire whether or not, during the absence of the Director and Matron, any competent persons had been appointed to supply their places. On a recent occasion, during the absence of the Director and Matron, at London, the Asylum, I hear, was left to the care of two young ladies. In the year 1837, an inquest was held upon a man of the name of Ackroyd, who had been found dead in bed, confined by straps, during the absence of the Director. The jury were informed that Ackroyd

had been confined in this manner by the order of Mr. Lockey, the clerk, who compounds the medicines. Thus it appears that the authority of the Director is delegated, during his absence, to an uneducated man, who knows nothing about medicine, or to ignorant young ladies, who happen to be visitors, residing with the Director and Matron.

The Commissioners would perceive that great inconvenience has occurred from appointing man and wife to be Director and Matron. If either of them be taken ill, the institution is liable to lose the services of both; they will attend to each other, whatever neglect the insane patients may endure, and enquiries of this kind are liable to be defeated by the combination of man and wife. It is natural to suppose that the keeper would make the best of his case, but supposing that the account given by him should be minutely correct, the Commissioners would deem the Director highly culpable, for putting a patient, well known to have a strong propensity to suicide, into a ward where he would have the chance of meeting with a razor or other sharp instrument.

There is no impropriety in employing an insane grinder, who has himself no suicidal tendency, to sharpen razors, but there is a very great impropriety in allowing him to carry on this occupation

in a ward containing other patients, having a suicidal tendency.

It so happens that I am in possession of information which gives this case a very different aspect, both with regard to the keeper and Director. A patient who had been confined in this Asylum for many months, called upon me after he had been discharged, sometime about the period when this gentleman destroyed himself. He told me that he had seen razors very often carelessly thrown about the ward, and that there did not exist the least difficulty in getting possession of one. By means of the other patients in the ward, it would, at the time, have been very easy to have elicited the truth on this subject.

The absence of the Director, on the occurrence of this death, is another matter that would arrest the attention of the Commissioners. They would enquire whether or not he was frequently absent. They would learn that he was very often from home, and sometimes for weeks together. They would hear of him being sometimes on the Rhine, sometimes in London, sometimes with the fox-hounds, and very often in the streets of Leeds and Wakefield. This frequent absence is, I understand, justified on the plea of ill health. Would not the Commissioners tell him, that no man is

fit to fill the office of Director whose health requires him so often to neglect his official duties. The result of the enquiry respecting the last question would naturally lead to another. Finding that he is so often absent, they would next enquire whether or not he was very attentive to his official duties when at home. By the rules of the institution, the Director is required to visit every ward, and to see every male patient, once a day. I asked the same patient who gave me the information respecting the razors, how often the Director used to visit his ward? He answered sometimes once a week, and sometimes only once a fortnight.* If the Director had visited each ward daily, it would have been impossible for him not to have noticed the negligent position of the razors.† When the report of the above inquest was read to the visiting Justices, and the absence of the Director noticed,

* Generally, I understand, that the Director goes round the Asylum once a day, and that the long absence mentioned by this patient only occurs when he visits the watering places or travels abroad, but it is well known that on other occasions two or three days not unfrequently intervene between his visits to the wards.

† It was sagaciously observed, by Mr. H. G. Knight, in the Hanwell enquiry, that the Superintendents of Asylums readily admitted the evidence of insane patients which was favourable, but denied the truth of their testimony when unfavourable, to themselves.

one of them stated that the Director was absent by his permission. There is great impropriety in every visiting Magistrate having the power of granting leave of absence to a person occupying such a responsible situation. Had the power been delegated to a committee, or if it had only been granted at a petty sesions, where five Magistrates were present, the applications for leave of absence would be much less frequent, and the duties of the Asylum would be much better performed.

Another means of securing better attention would be to appoint a deputy, during the Director's absence, at his expence. If his stipend were to be withdrawn when absent, he would not require much persuasion to attend to his business like other private medical practitioners.

Another circumstance which strongly arrested the attention of the jury, who were rate-payers, was passed over in silence by the visiting Justices. The subject of the inquest was not a pauper lunatic, but a man of property. The mourning coach,—the plumed hearse,—the leaden coffin,—and the ornamented tomb, surrounded by iron palisades,—indicate the person interred not to be a West Riding pauper lunatic, but a gentleman possessing considerable wealth. The plea of necessity cannot be urged in favour of the admission of this gentle-

man, because he was sent from Leeds, where he might have been safely lodged in Mr. Hare's establishment. To admit a poor person, possessing some scanty pittance just sufficient to keep him out of the workhouse, may be a justifiable and even a praiseworthy act; it may be the means of such a person preserving his station in society, of preventing him from becoming a pauper; but to admit a person in comfortable circumstances, is a malappropriation of public property, an act of injustice towards the rate-payers, who erected these establishments solely for the use of the pauper lunatic.

Another thing passed over in silence by the visiting Justices, which might have excited the notice of Medical Commissioners, is the presence of an infectious disease, dysentery, in the Asylum. The spread of this disease, I have before endeavoured to prove, is the result of want of vigilance, of dirt, or of ignorance.

CHAPTER VI.

On the Fallacies and Tricks employed at some Lunatic Asylums, to make the apparent Number of Cures greater than the real Number.

Tacito quæsita dolo Victoria.

PATIENTS DISMISSED BY DESIRE OF FRIENDS.

In the report of Mr. H. G. Knight's motion, given in the *Times* newspaper, for the appointment of a Committee to inquire into the state of the Hanwell Pauper Lunatic Asylum, Mr. C. Barclay says, he must mention that Dr. Ellis told him that the returns he had made were incorrect, and that they could not be otherwise, because he was obliged, when parties were taken away by their friends, to put them down as discharged cured, though they were not so. This statement is altogether incorrect. Dr. Ellis was under no obligation to put down patients discharged by the desire of their friends in the list of cures; nor was he warranted by the practice of any well-regulated Asylum in so doing; nor can he plead ignorance on this subject.

In the year 1827, I wrote a letter to the visiting Justices relative to this matter, the result of which was that they ordered, that in all future reports,* the patients dismissed by the desire of their friends, should be deducted from the list of patients discharged cured; which order has been complied with, in every report published since the date of my letter. Before this period, it was impossible to ascertain the number of patients who had been discharged by the desire of their friends uncured, except for the current year in which the report was published. Exactly the same practice has been adopted at Hanwell; you have no summary given of the patients who have, since the opening of the institution, been dismissed by the desire of their friends.

The following is an extract from my letter to the Magistrates:—"According to the official report it will appear to the general reader, that 49.5 of the patients admitted have been discharged cured, amounting to 44, 6 per cent. of the men, and 54, 5 per cent. of the women. Making a difference of 10 per cent in favour of the women. If, however, we correct the fallacy, and deduct the 28 men discharged by the desire of their friends, from the 209 reported to be cured, there will only remain 181

* See the reports of the West Riding Pauper Lunatic Asylum.

actually so; and by deducting in the same manner the 42 women discharged by the desire of their friends from 245 reported to be cured, there will remain 203 women discharged cured."

The amount of women thus cured will be reduced to 45, 2 per cent., and that of the men to 38, 6 per cent.

CHAPTER VII.

HAVE NINETY RECENT INSANE CASES OUT OF ONE HUNDRED EVER BEEN CURED IN ANY PUBLIC OR PRIVATE ESTABLISHMENT?

———sunt certi denique fines.
Quos ultra citraque nequit consistere rectum.

THE conductors of some private Asylums have, I know, asserted, that they have succeeded in curing ninety recent cases out of one hundred; but we have no well-authenticated report of such an event; its veracity is supported by the equivocal testimony of the interested managers of madhouses, unaided by any statistical details. Such assertions, until

authenticated by disinterested witnesses, can never be received as medical facts. In no hospital in Europe, even when appropriated solely to recent cases, have ninety out of one hundred patients ever been cured, and as long as the present state of society and manners lasts, we may safely predict never will.

It is very possible that ninety insane cases out of one hundred may be discharged from an Asylum, but I contend that such a number can never be discharged cured. Some may be discharged because they are fatuous or idiotic; or because they have ceased to be violent and unmanageable; or they may be dismissed by the desire of their friends. If such persons be added to the list of those who have been discharged cured, it may be possible to eke out the number ninety. By trick and manœuvre it is very possible to exhibit a list of ninety cures out of one hundred cases. If the Medical Superintendent put down all the recent cases not cured as old cases, it is not improbable that he may be able to exhibit ninety cures out of one hundred.

If an intelligent Physician had the power of selecting fifty of the best out of five hundred of such cases as present themselves at a Pauper Lunatic Asylum, it is not improbable that he might

cure forty-five out of that number; but whoever has had much experience in these matters must know, that among every hundred recent cases a great number of incurable ones, and a great number of cases that must unavoidably terminate in death, will always be found.

According to Farr's Remarks on Prognosis,* the chance of cure, in acute diseases, diminishes 34 per cent. every ten years. He gives the following tables, according to Edmond's plan, of observed and calculated recoveries from insanity. The observed table is from Bethlem Hospital.

Age	10-20	20-30	30-40	40-50	50-60	60-70
Recoveries per cent. observed.	69.0	41.0	34.2	24.0	17.5	12.9
Recoveries per cent. calculated.	56.9	42.3	31.5	23.4	17.5	13.0

In this table the average of the observed recoveries of all ages is 33 per cent. The average of the calculated recoveries is 30-4 per cent. The approximation to the truth is very striking. The following table of patients admitted into the Asylum at Wakefield, and their ages, I have given for the purpose of proving that from age alone it will be impossible for ninety out of one hundred recent

* Medical Almanack for 1838.

cases to be cured. 2242 have been admitted previous to 31st December, 1836, of which number 1091 have not been ill more than one year. The ages of the recent and old cases have not been given separately, but to the best of my recollection there were admitted as many recent cases that were aged as young. We may, therefore, safely take the proportions as they stand in the table:—

Age	16-20	20 30	30-40	40-50	50-60	60-70	70-80	80-90
Patients admitted.	121.	546.	668.	483.	268.	149.	31.	8.

The general average of cures per cent. in all the British Asylums except Hanwell, is about 40. See Farr's statistical account of the English County Lunatic Asylums, at page 8, he remarks, "When Sir W. Ellis, therefore, proves that lunatics enter Hanwell, on an average, two years later than they enter the other County Asylums, or any other known Asylum, he will exonerate that institution from the serious charge of curing but nineteen cases out of one hundred treated." The average annual mortality among the sane in different hospitals, at home and abroad, is said to be, including all sorts of cases, about seven per cent; but in Madhouses it will generally be found to be much greater. In the Gloucester County Asylum, which appears to be very well conducted, the mortality

among all cases, both old and recent, is only 9.3 per cent. In Lancaster Asylum it is 50.8 per cent., and in Norfolk, 46. The average annual mortality in all our county Asylums, in recent cases, is 10 per cent.

It is a self-evident proposition, that in every disease, the proportion of cures must depend upon the age of the patient, and the soundness of his corporeal frame. A very considerable proportion of mankind will be found, at forty years of age, to be affected with some functional disorder or structural disease, calculated to retard recovery and shorten life. Recent cases of insanity frequently occur in persons worn out by other diseases, particularly consumption, apoplexy, palsy, and other cerebral lesions, epilepsy, dropsy, great nervous excitement, and constitutional exhaustion from the use of spirits, or of excessive mental or bodily labour. Such cases terminate either in death or dementia. The number of recent incurable cases will, of course, vary in different localities. We have no right to conclude, that a greater number of cures will take place, generally, than what have occurred in the best conducted Hospitals.

In America, ninety-one cases are said to have been discharged, but this, I understand, includes patients dismissed in all sorts of ways, cured or uncured. In Europe, I believe that we possess

no well attested account of more than seventy per cent. being cured.

In the county of Middlesex, we are told that a great number of the cases are the result of drinking gin; among the labouring poor, in London, the forcing system is much resorted to; in order to enable them to work long hours, they drink a great deal of porter and gin. In such cases, where Insanity is recent, the system is often so exhausted by corporeal disease, as frequently to render recovery impossible. The person who pretends that he can cure ninety out of a hundred of such recent cases, is placed in this dilemma, he is either ignorant of his profession, or he intends to deceive others. It is true, that there are some individuals who become insane every time that they get drunk, and become sane again as soon as they are sober. These are fine cases for swelling statistical reports and deceiving the public.

The popularity of Miss Martineau has been resorted to as an useful engine to puff the Hanwell Asylum. In an article in *Tait's Magazine*, written evidently by the dictation of the Ellises, she is injudiciously made to assert "that taking the recent cases (which is the only way of estimating the treatment fairly) it will be found that Dr. Ellis cures ninety in a hundred." The knowledge which is acquired from the history and pathology of

insanity teaches us, that such an event among such patients, is physically impossible. This boasting comes with a very bad grace from a county Asylum where fewer cures have been effected than in any county Asylum, except in that of Kent, which has only been open four years. It cannot fail to be received with suspicion from an Asylum where the paucity of the cures has been eked out, not only by attempting to pass of the re-admissions for fresh cases, but by inserting amongst the patients cured, the names of those who have been discharged uncured by the desire of their friends. Is this boasting a stratagem to draw off the attention of the public from the want of success at Hanwell, or is it a toil to catch some of those rich patients, who, according to Miss Martineau's account, pay their Physicians forty or fifty guineas per week?

In our Pauper Lunatic Asylums, supposing the average mortality in recent cases to be ten per cent., it is very probable that in the best regulated, the incurables will seldom amount to less than thirty per cent. It is to be hoped, that in a short time our statistical details will remove all doubts on this subject.*

* Since I wrote the statement just made, I have seen the report of the West Riding Asylum for 1837, in which it is stated, that in every hundred recent cases admitted since the Asylum was

CHAPTER VIII.

Ought public Lunatic Asylums to be placed under the care of one Medical Man?

Loca sola nocent, loca sola caveto.

The object of the community is to promote the appointment of scientific Medical Men; to secure their steady and constant attention to the duties of their office; to prevent peculation and every kind of abuse; and to detect combinations entered into for the purpose of deceit, concealment, negligence, or peculation. Where one man is appointed to fill the office of Physician, Surgeon, Apothecary, Director, and Steward; and the wife of this man is the Matron, it is nearly impossible for any person, who has not resided for some time in the institution, to detect very material mismanagement

opened, including the re-admissions, 54.9 per cent. have been cured, 32.5 per cent. have died, and 12.6 have remained incurable, or been dismissed by the desire of their friends. In this instance, it must be recollected, that the mortality has occurred in the space of near twenty years, and after several relapses and re-admissions. In agricultural districts the mortality will be much less.

and great ignorance in medical treatment. All that visiting Justices in such cases can do, is to ascertain whether or not the house and patients are kept clean, and if the bread and beer furnished to the patients be good. Provisions badly prepared, and very different from what are ordered in the diet table, may be given daily without their knowledge. The wine, ale, or porter, ordered for the sick, may be consumed by the keepers; the patients may be treated with great harshness or cruelty by the keepers; and their medication may be superficial and inefficient. The routine practitioner ridicules the idea of mental fatigue succeeding the examination of a number of patients; this sensation is unknown to him; the practice of medicine is so easy to him that he can run and read. Ignorance sees no difficulties, imperfect knowledge descries them, perfect knowledge overcomes them.

To examine, accurately, complicated cases of mental derangement, requires a degree of mental exertion, of continued attention, of which the undisciplined mind, the superficial observer, can form no conception. The well-fed, money-making Medical Superintendent will seldom submit to this drudgery. It is from the benevolent, conscientious Medical Man alone, that we can expect this duty

to be well performed; who is actuated by a zeal to do good, and by ambition to individually excel, and to advance medical science. To such men, the vigilant attention of the local and official visitor of an Asylum is a source of great gratification and a stimulus to exertion, *because it secures the regular and due execution of his directions.* In the year 1832, in a letter addressed to Earl Fitzwilliam, then Lord Milton, on this subject, I made the following remarks:—"The medical reports relative to a hospital, governed or superintended by one man, are liable to be a tissue of falsehoods, calculated to give a little temporary *eclat* to the reporter, but to deceive the public. In hospitals managed in the ordinary way, false cases and false statements are easily detected; the different officers are a check and a spur to each other, and ignorance, neglect, or cruelty, are sure to be exposed."

When York Asylum and Old Bethlem, in 1814 or 1815, were found to be in such a filthy condition, they were under the superintendence of one Medical Man, or, at least, one Medical Man only paid any attention to his duties. What can afford stronger evidence of the incapacity of Justices to govern Madhouses, than the rejection, by the Middlesex Magistrates, of an intelligent Physician, who had been proposed as a visiting Justice, on

the flimsy pretext that his presence might have disturbed their harmony and unanimity? In this case, the visiting Justices must have acted as the blind tools of the Medical Superintendent, who considered it to be his interest to prevent close inspection, in order to avoid the detection of ignorance or inattention. The able Parliamentary exposure of Hanwell Asylum appears to have roused the attention of the visiting Justices of that institution, who have rescinded the close-borough resolution, on the 1st of February, 1838, and permitted the Middlesex Magistrates to become visitors of Hanwell Asylum in rotation. The Superintendent of an Asylum must be a very simple man indeed if he cannot find reasons sufficient to induce an ignorant visiting Justice to vote according to his wish. Place the institution under a Medical Board, and he would find the task of hoodwinking them very difficult.

To prevent the disgusting scenes that have formerly occurred in Madhouses, all the superior officers ought, on their appointment, to engage to communicate to the governors every impropriety of conduct which falls under their observation; and for this purpose the Physicians, Surgeons, Apothecary, Clerk, Director, and Matron, being all separate and independent appointments, ought to

be examined by the governors, separately, several times a year.

The only apology which can be made for uniting a number of offices in one man is economy, but at Wakefield and Hanwell, the Director receives as great or a greater salary than all the stipends of the separate offices, at Glasgow, united, with this difference, that the Directors, at Wakefield and Hanwell, are boarded and lodged at the public expence; which makes the whole of their stipends amount to about double what is paid at Glasgow.

The attempt to place the Asylum at Wakefield under the care of one Medical Man, was made by the late Godfrey Higgins. At his instigation also, it is said, that the Asylum at Hanwell was placed upon its present footing. The reason given by him for acting in this manner, after having, in a letter to Lord Fitzwilliam, expressed an opinion that two Physicians ought to be appointed, was a fear of losing power, and a desire to participate in the credit attached to the management of the West Riding Asylum. It may be truly said that the last end of this man was worse than the first.

A late writer on insanity has said, very truly, "that the ratio of cures is always commensurate with the means used, and the judgment in administering them." This end, it may be inferred, can

be obtained by one Medical Man, as well as by two or more. The history of Madhouses contradicts this conclusion. In Bethlem Hospital, at different periods, the number of cures has varied from 69 to 29 per cent.; and since more care has been bestowed upon the patients, the recoveries have advanced from 29 to 54 per cent. Considering the advantages which this institution enjoys, its cures ought again to advance to 60 per cent. or upwards.*

The appointment of two or three Physicians to such a Hospital, will not, I am aware, ensure success; but if care be taken, in selecting men of character and talent for the office, who have been well educated, the chance is, that you will have a better attendance and more cures, than if the institution had been only attended by one man. Besides a proper selection of Medical Men, such an establishment requires the daily attendance of visitors, to keep all the officers and servants on the alert. Nothing, in my opinion, can more strongly indicate the necessity of vigilance on the

* By the Bethlem Hospital report for 1837, it appears that the number of cures per cent. has again diminished to 35.2. If anything can, such a report ought to excite public enquiry. This Asylum appears to be sinking into the same situation in which it was found in 1814, when only 29 per cent. were cured.

part of governors, and the impropriety of trusting the management of a Madhouse to one man, than the occurrences at Bethlem and York previous to 1814. We ought always to keep in mind, that publicity and competition are much more likely to elicit the industrious and laborious exercise of medical talent, than privacy and seclusion. If the demand of Sir W. Ellis, to have the appointment of all the medical and other officers and servants, belonging to the institution at Hanwell, had been granted, it would have disgraced all the visiting Justices connected with the instution. In all large establishments, there ought to be a separate appointment of a house steward, with a clerk under him. He ought to assist in superintending the patients during the hours of labour.

CHAPTER IX.

On the Election of Medical Directors of Asylums by Magistrates.

Quidque ignarus agat, stupet.

Supposing the visiting Magistrates to act without partiality or prejudice, it is impossible for them to sift out and compare the relative merits of different medical candidates, all that they can do is to compare the certificates, and we know very well that the most impudent and boasting men, however ignorant they may be, will often produce the greatest number of good certificates. The eminent, the wise, and the good, who hold high stations in society, are often unable to resist the pressing solicitations of the ignorant candidate, or of his friends for a certificate. A good address, a bold front, in such cases, generally throws retiring merit into the shade. This subject may, perhaps, be best illustrated by giving an example or two of elections.

On the resignation of Dr. and Mrs. Ellis, a public advertisement in the London and provincial

papers brought, from all parts of the British Isles, a great number, I believe about seventy candidates, for the office of Director and Matron. No intimation having been given in the advertisement, of the intention of the Magistrates to elect a married pair to fill these offices, a great number of single men and single women presented themselves as candidates. The Magistrates were at a loss how to proceed. They were alarmed at the time and labour which would have been required to have examined the testimonials of seventy candidates.

The only obvious and rational mode of proceeding in this case would have been, for the Justices to have requested the two Physicians to the Asylum to examine all the candidates, and to report the result of their examination. If eight or ten of the most likely candidates had been presented to the Justices, there could have existed no just cause of complaint. This just mode of proceeding did not suit the inclinations of the visiting Justices. They appear always to have entertained a fear and a dislike to the Physicians. They fear lest, by consulting them, they should lose part of their power, and they dislike them because they are aware that they (the Physicians) possess greater knowledge than themselves with respect to the government of Asylums. On this account, the

Physicians have never, except on the most urgent occasions, been consulted by the Magistrates.

In order to cut the election short, the Justices came to the worst possible decision, which was to elect a married pair to fill the vacant offices. By this mode of proceeding, the testimonials of some of the best candidates, who had come from a considerable distance, and incurred great expence in travelling, were never examined. It cannot excite surprise that some of them should have manifested great indignation at the injustice with which they had been treated.

It was soon found that the votes and interest of the visiting Justices were divided between a Physician, who had lately been Superintendent of the Glasgow Asylum, and a young Surgeon of the name of Corsellis, who had been in business for a short time at Leeds. Some pecuniary difficulties rendering the Glasgow candidate ineligible, Mr. Corsellis was elected; principally, I understand, in consequence of a testimonial from a Medical Practitioner at Leeds. He was a young man unknown to fame, never having had much practice. Like his predecessor, however, in order, I suppose, to make him fit company for the Justices, he purchased a Physician's diploma, soon after his appointment.*

* Some mystery hangs over this diploma, repecting the time when, the place where, and the manner in which, it has been

On the first election for a Director for the West Riding Asylum there was little competition, it being previously understood that the situation had been promised by Mr. G. Higgins to Mr. W. C. Ellis, who now superintends Hanwell Asylum. He was educated as a druggist, and for many years previous to his being made Director of the West Riding Asylum, he resided in a small shop near the Bridge, at Hull, where he carried on the business of druggist; he was employed by the late Dr. Alderson, to make up medicines for some insane patients in a private Asylum, near Hull. He was also a local preacher among the Methodists, and began to practice medicine among that body several years before he left Hull, still continuing the business of retail druggist. He never had received any regular education for the profession; of course his medical knowledge, when he came to Wakefield, was scanty. Whether or not Nature ever intended to make a practical Physician of him, may admit of doubt, but he was well calculated to have the moral management of the insane; he succeeded well in initiating patients in different sorts of employment. Some idea may be formed of his medical knowledge from this fact,—he told the visiting Justices that Insanity was purely a

granted. Surely this degree of Doctor has not been mere brevet rank, assumed for parade.

disease of the mind, and required the administration of no medicines; this occurred in 1820 or 1821.

The appointment of Dr. Ellis to the Hanwell Asylum was effected, principally, by the same Mr. Higgins, who procured his appointment at Wakefield *

The learned Universities grant degrees sometimes, it is true, to the undeserving, but the unlearned Magistrates do more. The result of their elections teaches us that they possess the magic power of suddenly raising the Medical Practitioner from poverty and obscurity to wealth and fame.

* Is it not remarkable that Ellis should condemn the appointment, made by Government, of a Director and Matron for New South Wales, since they are precisely in the same predicament in which he was, when first appointed Director of the West Riding Asylum, with respect to medical knowledge. See Ellis on Insanity, page 314.

CHAPTER X.

How Elections ought to be conducted.

——— Justique tenorem
Flectere non odium cogit, non gratia suadet.

Having seen the nature of elections by Magistrates, let us examine what they ought to be. I beg leave to premise, by stating that all insane people ought, like the poor, to be considered the children of the State, and placed under the protection of Government. The greater number of those who have seen much of the Insane, who have witnessed their treatment in different establishments, concur in opinion with me, that the prospect of cure is greater, and the chance of imposition, negligence, or cruelty less, in a public than in a private Madhouse. Although insane cases, upon an average, are less intense among the rich than among the poor, fewer cures are effected among the former than among the latter. This subject, therefore, merits the grave consideration of the higher classes. Various causes combine to produce

this effect; some of the rich imagine that Insanity entails disgrace upon their families, and injures their prospects in life; they will not permit the patient to be removed from his own home, until the disease has become incurable, vainly imagining that as long as he remains at home, the nature of his disease is unknown. In other cases, the relatives of the insane, being of weak intellect or indecisive in their purpose, although actuated by the kindest motives, suffer the curable period to pass away silently, without having recourse to the only measure capable of effecting a cure. Others again, desirous of inheriting the property of their rich relatives, rejoice to get them incarcerated in situations where there is no great prospect of their being cured. There are other rich patients who only become deranged when intoxicated; at such periods, however, they squander away their property, and, if left to themselves, involve their families in ruin. Some legislative provision seems necessary, to enable the guardians of the Insane to interfere in such cases.

It has been said, that Napoleon never failed in appointing, to any difficult situation, the man who was best qualified to execute the business required; and this has been considered as an attribute peculiar to him. Nothing more is wanted

for this purpose than common sense and common honesty. From whatever department of life you want to select an eminent individual, you make your enquiries of some one who stands pre-eminent in that department. From information which you gain from such individuals, you are able to multiply your enquiries until you have gained the object in view.

The plan which appears to me to be best calculated to meliorate the condition of the Insane, will be to place them under the superintendence of a Minister of Health, assisted by a Medical Board.

The election of all officers connected with Asylums will, under such circumstances, be placed under the eye of the Minister of Health, assisted by a Medical Board. The stipends, at different places, will vary according to the size and responsibility, and those who have excelled in smaller institutions will be sure to be promoted to the more honorable and profitable. Under such management, you will never fail to have a large list of excellent candidates for any office that happens to be vacant. The Medical Board will be able to ascertain the character and relative merit of each candidate, from the medical teachers; and if any partiality on the part of any particular teacher

should exist, by comparing different testimonials and questioning the candidates, the Board would be able to elicit the exact truth, which Magistrates, from ordinary testimonials, will never be able to do. From the reception which the candidates met with from the Magistrates, at Wakefield, I am doubtful whether or not any respectable man from a distance will ever think it worth his while to offer himself upon a future vacancy.

CHAPTER XI.

On Physicians.

Cuilibet in arte sua credendum est.

I HAVE always maintained, that the office of Physician to a Lunatic Asylum is more difficult appropriately to fill, than any other belonging to the profession; and I now find that those who have had most experience, and who have themselves excelled in managing lunatics, concur with me in this opinion. To point out, therefore, the indi-

viduals who are best suited for this office, is a matter of primary importance. The Physicians met with in ordinary life may be divided into three classes:—the routine, or imperfectly educated; the scientific without, and the scientific with, good practical skill and tact. The routine Physicians form a considerable body, and, of course, vary much in their qualifications. Some of them are mere delvers in Mammon's dirty mine. They get into practice not by their medical knowledge, but by the influence of friends and of personal address. Their life is one continued scene of deceit and chicanery, devoted to slandering their superiors and puffing themselves. There are also in this class many good men and useful practitioners, who supply, in a great measure, by close attention, the defect arising from imperfect education and imperfect discriminating powers. Others again, by superior genius and great application, rise from the ranks to the summit of their profession, without passing through the trammels of a regular education. Among the scientific Physicians without practical skill or tact, might be enumerated some of the first philosophers of the age. They resemble the mathematician, who understands well not merely the first principles, but the most difficult parts of the science; yet, owing to a want of

practical application of his knowledge, and to his ignorance of the use of instruments, he is practically inferior to the midshipman and the civil engineer. Some of our ablest teachers have been formed from this class of Physicians. They talk learnedly and elegantly on every subject connected with medicine, but a complicated case of disease, placed under their care, seems to act like a torpedo upon their faculties, and to nonplus them completely. Diffidence, want of nervous energy, of self-possession, and of actual practice in early life, frequently occasion this defect. This class of men, weighing all others by their own standard, are apt to estimate lightly their professional brethren, and to represent them all to be as useless and inefficient as themselves.

By the scientific Physician with tact, I mean the man who, after having made considerable progress in classical and mathematical learning; after having made himself master of the sciences immediately connected with medicine; after long continued clinical study, succeeds, at the bedside of his patient, in readily decyphering the hieroglyphics of disease. His practised eye, at one intuitive glance, being able to read the history of several ordinary cases which have been presented to him. This is the class of men from which I would select

Physicians for the Insane. Independent of the advantages of education, the physical and moral qualities of the man are of paramount importance to fit a Physician for this office. He ought to possess strong animal courage and common sense, unflinching integrity, and great professional zeal. He ought to be endowed with acute discriminating powers, not only of disease but of human character. He ought to have great forethought, self-possession, and patience under provocation. His demeanour towards the impudent, the insolent, and the froward, ought to be dignified and commanding; towards every other class of patients he ought to be easy of access, kind, soothing, encouraging, and friendly; listening attentively to their frequently repeated tales of misery. In his orders and decisions he ought to be firm and unvarying. He never ought to abandon a case as incurable, without evidence of considerable structural disease. Few things contribute more to lesson his influence than anger. The patient who succeeds in rousing the angry feelings of his Physician, imagines that he has gained a victory over him, and is apt ever after this event to despise him.

The treatment of the Insane can only be improved by the slow, silent, and long continued labours of the scientific Physician, who is able to

discover minute transitions of disease as they occur, and to adapt his practice to the change which has taken place. To prescribe judiciously in complicated cases of Insanity, sometimes requires a concentration of the mental powers, similar to what occurs in pursuing the details of the exact sciences. It is a kind of labour of which the undisciplined mind can form no conception.

The organic changes of structure, which occur in insane cases, are very frequently masked, and cannot be detected by the usual symptoms. It is only by the skilful use of the stethoscope, that these changes can, in many instances, be discovered. After a case has been thoroughly investigated, great therapeutic skill is required in adapting remedies to the altered or diseased condition of the nervous system, the circulating system, and the functional disturbance or structural lesion of the different viscera. This can never be effected by the man who is unskilled in the general treatment of disease, who confines his attention solely to the cure of Insanity. In the human body there is such a frequent transition of disease from one organ to another, and such a catenation of disease, that no man unaccustomed to treat sane patients will be able skilfully to treat the Insane. It frequently happens that a Medical Man acquires, by extensive

practice, a tact in discovering disease, which he can neither describe nor communicate to others. It has been asserted, that a man may always clearly express that which he clearly understands; but this is not uniformly correct. A shepherd who has for some time had the care of five hundred sheep, will be able, by its specific features, to discover and point out every individual belonging to him, although commingled with a large flock of strangers: yet he cannot tell you by what means he is able to distinguish them from each other. In the same manner, the attentive scientific Physician is able to distinguish minute changes of disease, which lead to important changes in practice; without being able to pourtray, link by link, the train of ideas which have induced this change.

When I consider what the practice of Medicine was fifty years ago, and what it is now; what was the extent of our knowledge of cutaneous diseases, of diseases of the chest, and even of Insanity, compared with our present descriptions of these complaints; I anticipate that ere long, we shall be able to clothe in precise terms the *tout ensemble* of a complicated case, and to delineate all the minute circumstances that call for an important change of practice, so as to enable the deep-thinking student more easily to acquire correct discrimination.

The number of cures in an Asylum, supposing the intensity of the cases to be the same, will depend, not on the gross mismanagement or improper treatment of any particular case, but upon the unremitting daily labour bestowed upon the whole; upon the minute and immediate attention to the nascent changes, whether of body or mind, which occur in each particular case. Upon the remission of bodily disease, or upon the first dawn of reason, a patient may be speedily recovered, by great attention and by kind and soothing treatment; but if this opportunity be neglected, the derangement may continue for months or for years. It is, therefore, in an Asylum as in a Mill, success very much depends upon a minute attention to a number of small matters regarding diet, regimen, medicine, and occupation; and much to the steady, regular, kind attention, and soothing manners of the Medical Superintendent Mrs. Fulham's chemical experiment may serve to illustrate my views on this subject. Hydrogen gas, in its nascent state, applied to tarnished gilding, will unite with the oxygen, and remove the tarnish; let, however, the hydrogen gas be fully formed, and no effect will be produced by immersing in it the tarnished gilding. In the same way the return of permanent sanity may frequently be secured, by having recourse to

proper measures at one period of the disease; neglect this period, and the disease becomes incurable.

The non-resident Physician, who is not constantly in the House with his patient, frequently discovers changes which a resident Physician, of equal talent, is unable to detect. The change, to one who sees the patient daily, is imperceptible, but the lapse of two or three days makes it very obvious.

CHAPTER XII.

Duties of the Physician.

Quem casto eruduit docta Minerva sinu.

Whatever in any degree, directly or indirectly, affects the health of the patients or contributes to their recovery, becomes part of the duty of a Physician superintending a public Hospital. Hence the diet and regimen, the clothing the patients, and the modes of restraint, the architecture, the heating and ventilation, the draining and cleanliness of the

House, are as essential objects of attention to the Physician as prescribing medicines. To succeed in curing the Insane, the attendance of the Physician ought to be steady and regular, and adapted to the state of existing disease. If he ordinarily only attend once in three days, on the recurrence of acute disease or of any epidemic or contagious malady, it may be necessary for him to attend twice a day. All this, however, will avail little, unless the resident Director be constantly at his post. The keepers will not do their duty unless a superintendent be present, the labour of the Physician will be in vain.

The preservation of accurate histories of the cases of every patient admitted, is a matter of equal importance to the welfare of the patients, to the promotion of medical science, and to the security and comfort of the Physician. These reports bear testimony to the zeal, skill, and industry of the Physician, and form the basis of accurate statistical accounts of Insanity. The reports, furnished by an Asylum managed by one Medical Man, may be, and often are, empirical advertisements, unfounded in fact, and fabricated for the purpose of catching rich patients. In a public institution, where several Medical Men act, such a delusion is much more difficult.

It may be asked what use is there in dividing Medical Practitioners into three classes? No Magistrate can make the proper distinction. This is very true, and a powerful reason why our medical institutions should, in England as well as in Ireland, be placed under the direction of Medical Men.

If this appointment of the Medical Officers to our Asylums were vested in a Medical Board, residing in the metropolis, no difficulty would exist in selecting the Medical Men best suited for the occasion. By a return from the different Schools of Medicine, they would be able to obtain the names of those who had been most successful in the acquisition of general knowledge, and by a a report from the Medical Officers attending the public Hospitals, they might obtain the names and address of young men who, as clerks to the Physicians and Surgeons, had exhibited the greatest diligence, zeal, skill, and discrimination, in clinical practice. From this class of Medical Men, the resident Superintendent ought to be selected; a young man thoroughly educated, will make a much more useful practitioner, than a middle aged man who has not had similar advantages. If a good foundation of knowledge be not laid in early life, the superstructure is rarely substantial and enduring.

The most important faculty of the mind, the judgment, instead of being sound and discriminative, becomes often unstable and dogmatical. The best basis for actual practice is a thorough knowledge of anatomy, physiology, and pathology.

Whatever may be the acquirements of the resident practitioner, it is, I contend, always advantageous to have the assistance of one or two Physicians, where the Asylum is situated in the vicinity of a large town.

The appointment of a talented young Physician, with a moderate salary, in towns where men of this description do not abound, will ensure his success as a general practitioner. The man who is most accustomed to the treatment of complicated cases in general practice, will be most successful in treating complicated cases among the Insane. What may generally be the situation of non-resident Physicians to Pauper Lunatic Asylums, it is impossible for me correctly to pourtray; but this I know, that at Wakefield, it is anything except what it ought to be. If any thing be amiss with respect to the other officers of the institution, he has ignorant, partial, and sometimes insolent, visiting Justices to appeal to, who are fearful of losing power, and regardless of the feelings of others.

Both the late and the present Directors, Ellis

and Corsellis, have been absent so long and so frequently, as is utterly incompatible with the good government of any Lunatic Asylum. The labour of the Physician must be in vain, when the business of the Director is neglected. When the master plays, the men will play also. During the absence of the Director, the keepers, from neglect, cannot give the requisite information, nor can they be depended upon with respect to the regular administration of food and medicine. The Directors have left the Asylum for weeks, without giving the least intimation of their absence to the Physicians. Every possible obstruction has been thrown in the way to prevent them from drawing up statistical reports of their practice. The quarterly meetings of the Justices are considered private, and I, when Physician to that Institution, have been requested by them to leave the room. The situation of the Physician then is no bed of roses, no brilliant halo can ever shine round his head; he may labour as hard as he pleases, but the Directors will leave no stone unturned to deprive him of the credit of his exertions. These evils, however, will, I trust, soon have an end; the dawn of better days is approaching; the schoolmaster is abroad; the mass of the people are better informed, and call for enquiry into existing abuses. The Justices will

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soon find that knowledge is power, and that they will be compelled to act in conformity with the public interest. The Parliamentary enquiry respecting Pauper Lunatic Asylums generally, and the investigation into the abuses and trickery at Hanwell, are, I have no doubt, precludes to an improvement in the management of all those places. A Medical Board of Commissioners will be able to apportion the medical attendants to the number of patients, and to give just, but not extravagant stipends to the medical and other officers.

CHAPTER XIII.

On Surgeons.

The duties of Surgeons, in these institutions, are not peculiar, and seldom onerous, and therefore do not call for much observation. The more numerous the medical officers are, the less probability will there be of a combination to prevent the detection of abuses. It is, however, of considerable importance, that a Surgeon, well skilled in minute anatomy and pathology, should be appointed, with a small salary, to superintend the dissections. By

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constantly employing one person, the morbid appearances would be more accurately observed and more minutely recorded, than when that business is performed by several individuals. For the advancement which has, of late years, been made in the moral and medical treatment of the Insane, we are much indebted to the information which we have derived from minute morbid anatomy. This knowledge has rendered our diagnosis more accurate, and our general principles of treatment more correct. Any Medical Man who will compare the accurate description of morbid parts, given by Mr. Davidson, of Lancaster, with the flimsy records of morbid anatomy at Wakefield Asylum, will perceive the necessity of appointing a skilful anatomist to make such reports, instead of leaving them to inexperienced young men. The late Dr. Gooch observed, "that to make anatomical examinations conclusively instructive, it is necessary that they should be done by those who possess two requisites,—an eye familiar with the difference between natural and morbid appearances, and a mind capable of interpreting the hieroglyphic characters left by disease. These qualifications are never found, except in those who have been for a considerable portion of their lives employed in these examinations."

CHAPTER XIV.

Qualifications and Duties of the Director, or Medical Superintendent.

Non tibi desidias molles, nec marcida luxu otia, nec somnas genitor permisit inertes.

The qualifications of the Medical Superintendent ought to be the same as those of the Physician. His duties, however, are very different. He has control over the Matron, and all the indoor officers and servants belonging to the Institution. At Wakefield, he acts as apothecary, surgeon, steward, and treasurer. At Hanwell, he acts as Physician, and has a resident apothecary under him. He provides the food and clothing, and is answerable for the safe custody of the patients; he also provides occupation for them, and superintends them during the hours of labour. The apothecary prepares and administers the medicines, he superintends and gives directions respecting the diet of the patients, and he ought to report the progress of the cases and the effect of the remedies to the attending Physician.

Whoever understands and reflects upon the several duties which I have described, must be convinced of this truth, that no Asylum can be well managed without the constant attention, the unsleeping eye of the Medical Superintendent. If the overlooker of a mill cannot be often absent from his business without the ruin of his masters, how much more necessary must be the constant presence of the overlooker of that more complicated machine, a Pauper Lunatic Asylum. Neglect, in the first instance, is followed by bankruptcy; in the second, by loss of life, but dead men tell no tales. I have no hesitation in asserting, that the Asylum, at Wakefield, has suffered materially from the frequent absence of both the late and the present Director.

It is very injudicious and improper to call away the Director from his official duties, to attend the Quarter Sessions. This duty ought to be performed by a house steward or clerk; but what can justify the permission, given to the Director, on going to Knaresbro' Sessions for one day, to stop at Harrogate for one week.

No investigation respecting the absence of the Director, except a Parliamentary one, can be of any avail; because if the visiting Justices were to censure him, they must necessarily condemn their

own body, for granting improper leave of absence. I consider the visiting Justices equally as culpable, for granting improper leave of absence, as the Director for asking for it. To the public it is very immaterial whether the leave of absence be licensed or not; the evil is frequently greater when improper leave of absence is licensed, because it is more difficult to remove.

CHAPTER XV.

What are the Measures most likely to secure the constant and efficient Attendance of the Director?

Paupertas atque æris inops.

Provida sedulitas rebusque intenta gerendis.

The two causes, which appear to me to operate most unfavourably against securing the constant and efficient attention of a Director, are his being too well kept and too well paid. The first evil arises from his being fed at the public expence, instead of providing for himself; from his living in the Asylum, instead of living in an adjoining house,

and providing food for himself out of the annuity allotted to him. When a man dines daily upon the choicest meat in the shambles, upon the best fed poultry, upon the fruit and early vegetables produced frcm a well cultivated garden of several acres, a strong temptation is placed before him to live luxuriously. By pampering his appetite, by eating more than he would do, if plain food were placed before him, he induces bodily disease and clouds his understanding. Inactivity and indolence naturally ensue. Crapula is frequently followed by gout and dyspepsia. After he has induced disease by living too luxuriously, he solicits leave of absence to go to some watering place, for the purpose of removing the complaint brought on by his own imprudence. This is not the only evil arising from his being provisioned at the county expense; for not only his own family, but all the company that he thinks proper to invite to his house, are kept at the public expense; and the attention of the servants belonging to the institution is diverted from their proper business, from attending the insane patients, to attending the Director's company. The second evil is the possession of too much money.* The Director, having too large a

* The resident Director of the Wakefield Asylum has, for many years, received, for himself and his wife the matron, £400

stipend, wants time to expend his surplus cash; he wants servants, and horses and carriages, and company; he wants to enjoy the luxury of travelling. Now if his income were smaller, his wants would in proportion diminish, and he would be content to labour hard and live plainly, like other Medical Practitioners. Gout is generally the effect of high living. Among the poor, indigestion often arises from want of good food; among the affluent, from superabundance of it, from repletion. Does not the existence of these complaints, in men placed in the circumstances in which I have described the Directors to be placed, indicate either a want of medical skill in managing their own case, or a want of prudence and command over their appetites. Poverty is often both the guardian of health, and the parent of knowledge. The application of these remarks, to the better management of Asylums, will appear in the plan which I am about to suggest.

per annum in money, and £400 per annum in money's worth, that is, in the shape of rent, taxes, servants, and provisions. Not satisfied with this extravagant allowance, he has lately applied for and obtained an additional £150 per annum in money. In my opinion, £400 per annum in money, with a small separate house, would be a sufficient reward for the services rendered, without any other perquisite in the shape of taxes, servants, or provisions. I doubt whether a Medical Board, regulating its expenditure by the allowances in the army or navy, would give so much.

All lunatics ought to be considered the children of the State. All Madhouses, whether private or public, ought to be placed under the absolute control of a central Medical Board, residing in the metropolis, and having at their head a Minister of Health. Commissioners, nominated by this Board, ought to visit every Asylum in the empire several times a year, at irregular intervals. They ought to remain in each Asylum of any magnitude for a day or two at each visit. Their inspection of the patients ought to be private, but all their meetings should be open to the public.

The report and treatment of every case, in every Asylum, ought to be sent, quarterly, to the metropolitan Board, which would secure a correct record of the cases being kept, and enable the Commissioners, at their visitations, to ascertain whether or not the patients had been carefully and properly treated, and to suggest such improvements as had been elsewhere adopted.

The process of examining insane cases accurately, is a laborious occupation, and the most likely thing to secure a regular and permanent attention to it, is the stimulus of competition. If correct statistical reports, from all the Asylums in the country, were published annually by the Medical Board, there is no doubt that great competition would be excited.

The election of the medical officers, and the stipends allotted to each, would, of course, be at the discretion of the Medical Board, and would vary in different places, according to the degree of responsibility and the number of the patients. This circumstance will afford a means of rewarding the diligent and the skilful, by removing them from a small to a larger Asylum. When a young man is appointed to a small institution, with a small salary, he becomes attentive to his duties, in order that he may be promoted; he remains at home quietly, and he acquires economical habits, because he cannot afford to keep company and to travel; and when he does get promoted to a more lucrative situation, his character for life being formed; from association his former attention, industry, and temperance continue unabated. In private life, we observe that the majority of young men who commence their career with a good fortune, become idle and useless members of society, and shorten their days by imprudence and intemperance. What then can tend more to spoil a young man, elected to fill the situation of resident Medical Superintendent, than a large stipend and a luxurious table.

Hanwell seems destined to be a receptacle for incurable patients. Two Physicians, who stand at

the head of their profession, ought to be appointed, with handsome salaries, to attend the metropolitan Madhouses appropriated for the reception of recent cases, i. e. Bethlem and St. Lukes. Those who have excelled most in the management of Pauper Lunatic Asylums ought to be promoted to such situations. Some order of merit, anything except Knighthood, which seems to have been appropriated to empirics, knaves, and fools, ought to be conferred upon Physicians who may excel in the treatment of the insane.

CHAPTER XVI.

Duties and Qualifications of Matron.

Nec ulla requies, tempus aut ullum datur.

Besides the ordinary duties of a house-keeper, in a large family, it is the duty of the matron to superintend the female patients in making and mending clothes. The clothing of all the patients, male and female, is manufactured and made up by themselves. She is required to visit every female

patient, once every day; to find employment for all who are capable of working; and to examine the work which has been finished. It is very clear that a female, capable of meritoriously occupying such a responsible situation, ought to possess animal courage, mental activity, muscular strength, and sound good health, independent of the moral qualities, zeal, patience, untiring industry, and good temper.

Ought the Matron to be a single or married woman? In institutions so liable to be abused as Madhouses, it is much preferable to have the offices of Director and Matron filled by individuals unconnected and independent of each other, who may be examined separately, and made instrumental in discovering each other's delinquencies. When the Director's wife is appointed matron, she not only conceals her husband's faults, but endeavours to convert them into commendable actions. The wives of Medical Men are often very delicate, and incapable of enduring fatigue. Married women are so much occupied in bearing and nursing children, in looking after their own families, in keeping company at home, and in visiting abroad, that it is utterly impossible for them to attend properly both to their private and public duties. In such a situation, we know that

their public duties will be neglected. Again, supposing that the Director's wife should be sick, and obliged to go from home in order to recover her health, you not only lose the services of the Matron, but of the Director, whose time is occupied in visiting his sick wife, instead of attending his insane patients. It is for the advantage of the institution that the Matron should reside in the Asylum; it is for the advantage of the institution that the Director should dwell in a separate building near to the Asylum. A woman's work is never done; she is constantly wanted in such a place, and cannot so readily pass backwards and forwards in all sorts of weather as a man. In economy and every other point of view, the change which I have suggested would be advantageous to the public and to the patients. I can easily conceive that such a Matron as I have described, might not suit the taste of the visiting Justices; being unaccustomed to mix in society, she would not be able eloquently to descant upon her own and her husband's wonderful skill, nor of their peculiar kindness in soothing the patients, and continually attending to their little comforts; nor would she be able to intermix a little delicate flattery, by praising the discernment of the visiting Justices, in discovering the peculiar merits of the Director and Matron.

There appears to me to be much impropriety in the Magistrates joining the parties of the Director, and of their taking luncheon there at their quarterly meetings. I am no casuist, but in the solemn oath which the Magistrate takes, on qualifying for his office, I can find no loop-hole permitting him to take a luncheon at the Asylum, or a dinner at Pontefract Sessions, at the public expense. The Asylum was never intended for an inn. The hour of conviviality presents to the Director the *mollia tempora fandi*, when an improper request for an increase of salary, &c. can with difficulty be refused. How can the visiting Justice find fault with the Director, for entertaining his friends at the expence of the county, when he himself participates with him. The following is a copy of the oath taken by every Magistrate, when he qualifies for that office:—

"Ye shall swear that as Justices of Peace within the County ———, in all articles in the King's Commission to you directed, ye shall do equal right to the poor and to the rich, after your cunning, wit, and power, and after the laws and customs of this realm, and statutes thereof made. And ye shall not be of council with any person in any quarrel hanging afore you. And that ye hold your sessions after the form of statutes thereof

made. And the issue, fines, and amerciaments which shall happen to be made, and all forfeitures which shall fall before you, ye shall truly cause to be entered, without any concealment or embezzling, and truly send them to the King's Exchequer. Ye shall not let for gift or other cause, but will and truly ye shall do your office of Justice of Peace in that behalf, *and that ye take nothing for your office of Justice of the Peace to be done,* but of the King, and fees accustomed and costs limited by the statute. And ye shall not direct or cause to be directed any warrant by you to be made to the parties, but ye shall direct them to the bailiffs of the said county, or other the King's officers or ministers or other indifferent persons to do execution thereof. *So God help you and by the contents of this Book.*"

Ought a Magistrate, who has partaken of the luncheons in the Wakefield and Hanwell Asylums, to sit on the bench, in the West Riding or in Middlesex, to try persons accused of perjury.

CHAPTER XVII.

WHY ARE MAGISTRATES UNFIT TO GOVERN MADHOUSES?

Discite justitiam moniti.

THE great body of the Magistrates are too ignorant on medical subjects to govern Madhouses, and many of their leaders too domineering and haughty, to condescend to seek information from the only source capable of furnishing it.

The unpaid Magistrates are an heterogeneous body, comprising men of great talent, rank, wealth, and education, conjoined with others very slenderly endowed with any of the above qualifications.

In the West Riding of Yorkshire there are more than two hundred Magistrates, of whom not more than two are, from their personal knowledge, capable of governing Madhouses; and these two, being Medical Men in extensive practice, would be unable to devote much time to public institutions, situated at a distance from their own homes.

In our courts of law and equity, I am well aware, that many matters are justly and equitably

settled by our Judges and Chancellers, regarding professions and trades, concerning which it is impossible for them to be well acquainted. They hear the testimony of persons properly qualified to give every requisite information; they hear the comments of able Barristers upon this testimony; and their decision is in conformity with the evidence which they have heard. Their judgment, if incorrect or corrupt, is liable to be called in question; they are amenable to the tribunal of public opinion.

Our Hospitals and Infirmaries, supported by by voluntary subscriptions, are governed by committees or boards, consisting, indeed, of gentlemen not educated to the medical profession; but these committees patiently hear and examine the testimony of Medical Men, and of all others who are able to judge, concerning the business which is placed before them; well knowing that if they squander the public money, or decide partially or unjustly, the annual contributions will cease, and the charity will be materially injured or destroyed. If the Magistrates were to proceed upon the plan pursued in our courts of law and equity, or by our hospital committees, there is no doubt that a sufficient number might be found who would be capable of managing the business of an Asylum; but this is contrary to the principles and practice

upon which they generally act. Some cannot devote the time necessary to sift out the merits of a question under discussion; others are too indolent; others again are too haughty or too ignorant. In the agricultural districts, some of the country squire Justices are looked up to, by the rustics who surround them, as a sort of demi-gods, and they vainly expect the same deference from the rest of the community.

The government of an Asylum by Magistrates is certainly gone through with very little trouble to themselves. One gentleman proposes a measure, without entering into any minute details respecting it; another, more ignorant than himself, seconds it, and if the proposer of the measure be popular, the question is carried with very little trouble. By proceeding in this manner, a bad plan for the West Riding Asylum was originally adopted, and a worse addition, calculated to render it still more unhealthy, has lately been attached to its front. By this mode of proceeding, the inquests, held upon patients who have died at the Asylum, have been rendered nugatory, and the election of officers has been a mere matter of chance; and the stipends have been prodigal or parsimonious, without any regard to the merit, the labour, or the responsibility of the party to whom they have been given. By

this mode of proceeding, the mendicant importunity of a flattering sycophant is apt to be rewarded, and the plain straight-forward man of merit to be repulsed.

In the stipends allotted to Medical Men, employed by the State, there ought to be everywhere a steady relative proportion, to be regulated by the medical skill and labour required, and by the professional responsibility and danger to life incurred, conjoined with the irksomeness of the office.

Now in the situation of Director to a Pauper Lunatic Asylum attended by non-resident Physicians, the labour is of an inferior order; the skill and responsibility rest with the Physicians, who receive very little for their trouble. The danger to life and irksomeness of the situation are nothing to the Director, compared with what the Surgeon to a large prison, the Surgeons to the army or navy, or the general practitioner in large practice, have to encounter, from night-watching and travelling, from accidental unmerited loss of professional reputation, from fire-arms and pestilence.

What can be more revolting to the feelings of a humane man, than to superintend prisoners who are flogged, in order to determine how many stripes they can bear, without endangering life, or to

examine, daily, felons who are constantly simulating disease? The salary given to the Director of the West Riding Asylum is about four times as much as is given to the Surgeon of the West Riding Prison, including medicines, and about four times as much as is given to the Surgeons in the army and navy. The miserable pittance allowed to Medical Men, for attending the parish poor, is, in many instances, inferior to the wages of a common mechanic.

No Asylum can be properly conducted without the constant attention of the Director. The visiting Justices will neither watch the Director themselves, nor allow local visitors to see whether or not he attends to his multifarious duties. For these reasons, I am convinced that visiting Justices are totally unfit to govern Madhouses

The knowledge necessary to govern Madhouses must ultimately be derived from Medical Men. Is it not preferable, then, to derive this information from a direct, than from a circuitous source? Is it not better to appoint Medical Men at once to govern Asylums, than occasionally to consult them at second-hand.

CHAPTER XVIII.

On Visitors.

Homines amplius oculis quam auribus credunt.

It is impossible for any thing to be better conducted than the Infirmaries in the large manufacturing towns. Take for example Glasgow, Manchester, Birmingham, and Leeds. If we enquire into the circumstances that chiefly contribute to this excellent management, we shall find that it is due to the unremitting vigilance of the daily visitors. If such vigilance be necessary in Hospitals for the sane, how much more so must it be in Asylums for the insane, where discredit is often unjustly attempted to be thrown on the evidence of the suffering patient. One of our most popular writers says, "Without incessant watchfulness, without one unsleeping eye for ever over our public institutions, they become like wastes and commons, open, apparently, to all, productive of benefit to none."*

* Bulwer, on England and the English, Vol I., p. 298.

It is stated, by the learned authors of the *British and Foreign Medical Review*, that the duties of visiting Physicians, appointed at Quarter Sessions, are generally ill performed, partly because they do not know their own powers or the exact nature of their office, and partly from local influence. The same authors likewise tell us, that there are mercenary establishments, in every county, where nothing is so easy as entrance, nothing so tardy and difficult as deliverance. These observations teach us that something is still wanting, to enable our Madhouses to work well; this desideratum I propose to supply, by the appointment of local visitors. The Magistrates refuse to admit any authorized visitors into our Pauper Lunatic Asylums except themselves, alleging that it would create *imperium in imperio*; they are also fearful of losing part of their power by such an act. Neither the occasional visits of the Magistrates, nor the occasional visits of the Physicians, appointed at the Quarter Sessions to visit private Asylums, will ever be sufficient to insure the due performance of all that ought to be done in a Lunatic Asylum. The nature of the employment will, at first perhaps, render the appointment of visitors to an Asylum more difficult than to a Hospital.

There always have existed, and there always

will exist, a number of those beings to whom the the love of benevolence is a passion, and the defence of the feeble an appetite of their organization. The object of the community ought to be, to search out for and secure the assistance of such individuals. The chief security for the proper execution of a trust, is generally allowed to be publicity.

Few things tend so much to acuminate the intellectual and active powers of the human mind; few things contribute more to infuse zeal and activity, than responsibility. The interested conductors of private Asylums, and the Superintendents of our public Madhouses, who neglect their duty, are likely to be strenuous opponents to the appointment of local visitors. They will appeal to the fears, the pride, the prejudices, and the worst passions of the people. They will say to the relations of the insane, would you wish your friends to be exposed to the gaze of the public, so as to render them the subject of general conversation? They rouse the fears and suspicions of the affectionate mother, lest the insanity of her darling son should be made known; lest she should lose the chance of getting her daughters well married. They excite the worst passions of the heir-at-law, lest, by better management, his rich relative should recover. The connections of the insane are fre-

quently weak in intellect and unsteady in purpose. When actuated by the most affectionate motives, they often permit their children or their parents to linger out, at home, the curable period of the disease, so that the public Asylum becomes to them a mere house of detention. In such cases, our chief appeal must be to the golden rule, do as you would be done by.

Supposing that you yourself were to become insane, would you, or would you not, resort to the most efficient means to get cured? If you would, you ought to be sent forthwith to an Asylum. The idea that the insane are exposed, and their situation made known to the public, in consequence of being seen by local and official visitors, is an utterly groundless delusion. I have visited a great number of insane establishments, both at home and abroad, including both rich and poor; I have seen every patient in these establishments, without being made acquainted with the name of any one patient, unless I enquired for some one whom I had previously known, or unless I went professionally to visit some inmate in the Asylum.

Insanity must ever be considered one of the greatest calamities to which humanity is liable. It is a very heavy affliction, but it ought not to be considered a crime. To keep the matter secret is

impossible; if a rich man become deranged, it must be known to his servants,—if a poor man, to his neighbours. The attempt at concealment is about as wise as the act of the foolish ostrich, that imagines when its head is covered, its pursuers will be unable to discover its body, which is fully exposed. Could we satisfy the public mind, and convince the insane of the truth of this statement, a great impediment would be removed, which now obstructs the cure of insanity.

The interested supporters of existing abuses will, I am aware, say that the plan of appointing local visitors is impracticable and visionary; and that if practicable, it would be detrimental. They will tell you that the forward busy-body, the idle loiterer, or the tattling old maid would form the corps of local visitors. The class of people just mentioned would he horror-struck at the idea of such an appointment, their only pursuits being pleasure and amusement.

The proper method of proceeding, when local visitors are wanted, will be to call a public meeting for that specific purpose. Let some of those who have most distinguished themselves by acts of charity and benevolence be requested to attend, and I have no doubt a sufficient number of eligible persons will be found, capable and willing to execute

properly the duties of the office. The individuals suitable for this office and who alone will accept of such an employment, are likely to be some of the more serious clergy and ministers of every denomination, some of the Society of Friends, and some of those who are usually engaged in distributing the funds of the benevolent societies; in short, such visitors, of both sexes, will be persons of unexceptionable character; they will be persons whose conduct will be influenced by the fear of God and the love of their neighbour. There would, I conceive, not be much difficulty in securing efficient visitors, if we could secure just judges to whom they could state their observations.

If the report of the visitors were to be received by a Board of Medical Commissioners in a public court, no difficulty would occur in executing the task; it would be like appealing to a board of trustees at an infirmary; but if the visitors should have occasion to make remarks upon the improper or insolent behaviour of a Director, to a still more insolent Justice of the Peace, in private, no power on earth could persuade such persons as I have suggested to act.

The inmates of a Madhouse, almost universally, imagine that they have been unjustly and unnecessarily confined. It cannot fail, then, to be

very cheering and consoling to the melancholy and desponding mono maniacs, to find that they are frequently seen by a set of benevolent beings, who take a deep interest in their restoration to health, and in their liberation from confinement. By inspiring confidence, this visitation contributes to their cure. It does so in many other ways, by ensuring the regular attendance of all the officers belonging to the institution; by ensuring the regular administration of food, medicine, occupation, and exercise.

In all large establishments, there will be some few recent cases unfit to be seen by the visitors. The disease would be aggravated by such visits. It would, however, be an easy matter to see such patients without being seen, and to make a report respecting them accordingly. Among the opulent insane, I have noticed some few individuals who have shrunk away at my presence, as if ashamed of being seen, as if their pride had been wounded. These trifles are swelled into matters of great weight and moment, by the abettors of abuses as they exist.

The appointment of local visitors is of more importance to the rich than the poor, because the rich do not, under existing circumstances, recover in the same proportion as the poor. Various

matters combine to produce this effect. It is difficult to get them confined in the early and curable stage of the disease; it is difficult to procure for them suitable occupation during their confinement; and when they pay largely for their board and attendance, it is the interest both of the heir-at-law and the curator of the Madhouse, to keep them confined. A gentleman, who has lately been discharged cured from a private Asylum, spontaneously, without any leading question being put to him, observed to me, that the insane patients who pay the highest pension, stand the worst chance of being soon discharged. The Superintendent, according to his account, often irritated instead of soothing the rich convalescent insane, and in this manner managed to prolong his confinement. The coincidence of this remark with the observations of the learned editors of the *British and Foreign Medical Review*, affords a strong argument why all insane persons should be considered as children of the State, and placed in confinement in public establishments.

"We know,"* say the reviewers, "that in some of the worst managed Asylums of England, numerous patients may be sent any day, with a regular certificate or without one; without one

* *British and Foreign Medical Review* for January, 1838, page 71.

properly signed, or with one signed by Medical Men called in merely to sign it. When once imprisoned, all appeals for a time are vain. If the visiting Physician is written to, he declines to act; if the Magistrates, they make a pompous formal useless enquiry; if the Lord Chancellor, he has no control in the case; if the Metropolitan Commissioners, they order an investigation, which the Magistrates can render as insignificant and useless as their first enquiry."

No honest man, who intends to do his duty, will ever object to the appointment of judicious visitors.

Whether we regard theory or practice, precept or example, we are equally well supported with respect to the appointment of local visitors. That Asylum which is, morally, better managed than any other in the British Empire, and which, apparently, has less occasion for their assistance than any similar institution, does not hesitate to require their aid:—I allude to the Retreat, at York.

In the Asylum and in the Infirmary, at Glasgow and at Manchester, their co-operation is considered highly beneficial; indeed, in nearly all our well-regulated Infirmaries, local visitors become adjutors to the governors. Those who oppose the appointment of visitors, misunderstand or misre-

present their use. Their duty is not to interfere with the officers or servants; not to give orders of any kind. Their duty is to observe the conduct of the officers and servants, and to report the result of their observations to the governors. It is their business to note, in a book prepared for that purpose, at every visit, the remarks which they have made on the presence or absence of the officers and servants, on their diligence or idleness, on the cleanliness of the house, on the state of the provisions and of the clothing, on the behaviour of the officers and keepers towards the patients and towards each other.

It is at the meetings held by the governors or Medical Board that the observations made by the local visitors become the subject of investigation, in the presence of all the parties concerned. I am convinced that nothing more is necessary, for the removal of existing prejudices on this subject, than free discussion.

CHAPTER XIX.

Hints on Asylum Architecture.

——————Quod medicorum est
Promittunt medici, tractant fabrilia fabri.

The few observations which I have to make on this subject, will not refer to the ornamental but to the useful part of the science; to whatever contributes to render Madhouses more wholesome and more useful. It is desirable to concentrate into as small a compass as possible, all we know about this matter, for the benefit of the architects employed to construct Asylums. There are certain general principles which ought to be adopted in every erection applied to this purpose; there are others which are only partially applicable.

All buildings of this description ought to be erected on rising ground, on a well-drained soil, and apart from every other building. Whether the soil be of clay or gravel is, in my opinion, of no importance, provided that there exist good drainage and sufficient descent to prevent accumula-

tion. I do not believe that there is a more healthy town in England than Wakefield, which is built on a clayey soil.

The quantity of the ground for the site, and for horticultural and agricultural purposes, must, of course, vary according to the size of the building; due regard being had to any future prospect of enlargement. There ought to be plenty of water upon the premises. Without good drainage, without plenty of water for all purposes, particularly for supplying the water-closets, it will be impossible to make any public Hospital healthy. Great difficulty will arise in forming a plan for warming Asylums. Some rooms you require to be kept cool; others you wish to maintain a higher temperature. The cheapness or dearness of fuel in certain localities, will determine whether the building is to be heated by coal fires, hot air, or hot water. Where coals are plentiful, coal fires are preferable, because they render ventilation more easy, and are more cheerful and agreeable. In wards heated by hot air or hot water, there is a closeness which is very disagreeable to the feelings of those who have been accustomed to coal fires. No Hospital can be healthy which is not well ventilated, and it is of great importance to effect this without exposing patients to currents of cold air. Various plans have been adopted for this

purpose. At Glasgow Infirmary, many years ago, ventilation has been effected by admitting air at the top of the window, which is opened to the extent of about four inches. At this distance, a board is placed across the window, parallel to the opening, at an angle of about forty-five degrees, slanting upwards. By this means the cold air is thrown to the top of the room. At the North London Hospital, air is admitted, in warm weather, by small apertures at the sides of the ward, close to the floor, between the beds. In the Infirmary, at Manchester, the wards are ventilated by a number of small apertures, placed a few inches from the ceiling, opposite to the windows, and opening into a gallery which extends through the whole length of the building, having windows at each end, which in warm weather are left open. During the hot weather in July and August, I found every part of this Infirmary cool, sweet, and of an agreeable temperature.

Different localities may require a combination of these different modes of ventilating rooms, but I am fully persuaded of this, that no mode of purifying the atmosphere of an Asylum will be permanently useful which depends on fires and machinery; no plan will be persisted in, which is not simple and readily accomplished.

In every new Asylum hereafter to be erected,

the height of the rooms and galleries ought to be fourteen feet. The altitude of the rooms adds greatly to the facility of ventilation. We are under great obligations to France, not only for introducing a milder system of treating the insane, but for improving the mode of arranging patients. They erect, separate from the rest of the building, the rooms appropriated to refractory patients. These are all one story high, and are placed at such a distance from the Asylum that the noise from the violent and mischievous patients cannot reach it.

In every new Asylum, a number of rooms one story high, with an airing court attached, ought to be erected for the violent, the mischievous, the noisy, and those who have a tendency to suicide. By this means a public Asylum may be rendered as quiet and still as a private dwelling. By removing the violent and noisy maniac and those who have a tendency to suicide, to these low buildings, you diminish the chance of accidents from fire and from suicide, and you increase the prospect of curing the timid and the melancholic, by removing from them a source of perpetual irritation.

The expence of the building will not, I believe, be materially increased by this plan, but more ground will be required. In counties where felons and murderers are to be confined, a set of strong

grated cells and a separate airing court will be wanted. A great error has been committed at the Glasgow Asylum, in placing the kitchens and offices underneath that part of the building which is appropriated to patients, by which means the effluvia from the offices and kitchens are a nuisance. The rooms for the patients are also too low there, as well as at Wakefield, where their altitude is only ten feet

There is belonging to the Glasgow Asylum a large room, one story high, with a door at each end and windows at the sides, which is used as a dormitory. It is capable of accommodating about thirty patients. It is principally used for the cleanly part of the old cases without bodily ailment. In an economical point of view, such a room in a large Asylum is very valuable. In consequence of the great care which has been taken in drying and ventilating this apartment, I am told that the patients who sleep there enjoy excellent health. Great care is required in the classification of patients fit for such a dormitory. A keeper sleeps in the same apartment.

I have suggested that no Asylum or public Hospital ought to be built, until the entire plan had been submitted for the approval of an architect, appointed by Government to superintend such

buildings; I now add, that no addition or material alteration ought to be made, without first submitting such alteration to the architect for Hospitals. I have been induced to make these observations in consequence of the absurd alterations which have been made in the Asylum, at Wakefield. In the original plan, separate apartments were made for the Matron; by the recent alterations this provision has been set aside. The West Riding Asylum is erected in form of the letter H. The rooms and offices, belonging to the resident officers and to the servants, are placed in the centre, and the sides are occupied by the patients. More accommodation for the patients being wanted, the visiting Justices have further clogged the centre, by erecting apartments there, for the use of the Director and Matron, adjacent to the old building. They did not consult any single medical officer respecting the propriety of this addition, on the score of health, for fear of losing the power out of their own hands. By this act, they have contributed to render a building, which was before difficult to ventilate, much more difficult, notwithstanding much more labour has been bestowed in ventilating the building than formerly. I hear that pestilence has again entered the Asylum, that dysentery has again commenced its ravages. By

separating the violent and the dangerous, there will be less danger from lofty staircases. There ought to be partition walls in all the staircases. The erection of work-rooms ought to form part of the original plan in every new building. The construction of these must, of course, vary according to the trades or manufactures chiefly in use in the vicinity of the Asylum to be erected. I consider the trade of shoemaker a very objectionable one, in recent cases of insanity; the bent position of the head is very unfavourable, during the time of labour.

An Infirmary ought to be provided, in all large Asylums, for both sexes. The Justices of the West Riding have erected an Infirmary for the men, without providing any accommodation for a nurse, and in the most inconvenient situation possible, the fourth story.

In a large building, it will be better to raise water to the top of the house by a forcing-pump than by a steam-engine, because the pump will be a source of employment for the patients, at all seasons.

A large warm bath, capable of holding a dozen patients, ought to be provided, for general ablution once a week, and contrivances for applying cold water to the head, during the time that a patient is immersed in the warm bath, ought also to be in readiness.

CHAPTER XX.

HOUSE FOR THE DIRECTOR.

Rem tibi quam noris aptam dimittere noli.

THE house for the Director ought to be near, but not to form a part of, the building appropriated to the Insane. The separation of the residence of the Director will, in an economical point of view, be beneficial to the county; it will be advantageous to the patients, and tend to preserve the health of the Director and his family. This, I am aware, is contrary to the general opinion. It is commonly supposed, that when a Director resides in the Asylum, he will be more likely to be always at hand, and to have his eyes fixed more steadily upon the servants and keepers, than if he resided in a separate house. Experience, however, does not confirm this supposition; when the Director lives in the Asylum, his egress is carefully watched by both keepers and patients, and the vigilance and exertions of both are diminished during his

absence. The Director's house ought to be built in a situation where neither his departure nor his return could be easily recognized. The most likely thing to keep both keepers and patients on the alert, will be the frequent sudden, unexpected presence of the Director. Provide the resident Medical Superintendent a wholesome separate dwelling, with a small garden attached to it. Let him live upon the stipend allotted to him, without participating in the viands belonging to the Asylum; limit his time of absence; require him daily to superintend the convalescent insane, in the field and in the garden, during the hours of labour; and you will secure to him better health than by permitting him to go out with the fox-hounds and to visit watering places.

CHAPTER XXI.

Suggestions on Medical Jurisprudence.

Dormit aliquando jus, moritur nunquam.

The subject of jurisprudence respecting the insane, is ill understood by Judges, Lawyers, Medical Men, and Juries, and requires a thorough reform, which can only be effected by the joint efforts of the best informed Medical Men, assisted by skilful Lawyers, who have devoted a considerable portion of their time and attention to medical jurisprudence. A medical witness is not permitted to prove the existence of unsound mind, by stating the history of the case in question, and referring the courts to similar cases delineated in the best existing treatise on insanity. The court requires the evidence to be given in conformity with pre-existing precedents. Hence it happens that it is, at present, totally impossible to prove the existence of unsound mind, where the active powers alone are deranged. Formerly we possessed no standard work in the English language, to which we could, in such cases,

confidently refer. We now do possess an accurate philosophical work, *Prichard on Insanity*, to which all medical witnesses ought to be permitted to refer, in giving evidence respecting insanity.

The conflicting evidence of Medical Men, which is discreditable to the profession, is sometimes the effect of party bias, but much more generally of ignorance, the minutiæ of the disease not being generally understood, even by the profession.

In the case of Greensmith, who was lately tried at Nottingham, for murdering his children, the Judge was evidently misled, in his direction to the Jury, from want of a thorough knowledge of the nature of unsoundness of mind. The improvements in our laws on this subject have not kept pace with the improvements in medicine. Ought not some law to be established to limit the expence of commissions of lunacy, as well as commissions of bankruptcy? As the law now stands, a dexterous solicitor is able to make the relations of the rich man quarrel. The patient is not found to be insane until the lawyers and Medical Men have stripped him of his property, when he is quietly sent back to terminate his existence in an Asylum. We cannot contemplate, without horror, the pillage in the form of law, which, of late, has frequently occurred in the shape of commissions of lunacy.

We cannot in too strong terms call the attention of the more opulent part of the community to the situation of such of their friends and relatives, as have had the misfortune to become insane. They have not only the chance of being stripped of their property like the tea-dealer, but they generally have much less prospect of regaining their senses than the poor man. The greatest boon which could be granted to the opulent insane, would be to compel their relatives, under very heavy penalties, to send them to an Asylum, within one fortnight from the first attack of the disease; and to render the medical attendants retaining them at home, without sufficient reason, liable to similar penalties. The best interests of the rich would be consulted by placing them on a level with the poor. It very often happens, that the relatives of the opulent insane are mentally imbecile and very indecisive, wanting a coercive stimulus to compel them to act properly.

Another measure of great delicacy and difficulty will be to put legally under restraint, the man who becomes insane from intoxication, and who, during his fits of intoxication and insanity ruins his family by neglect, or by a profuse and profligate expenditure. Such men often become sane again as soon as they become sober. Would

this evil he obviated by giving two Magistrates the power of committing the insane drunkard for three months, for the first offence, to an Asylum, and by doubling the time of confinement for each subsequent offence?*

There scarcely exists any proposition, however plain and simple, that is not liable to be controverted.

* Since I wrote the above, I find that to legislate for the protection of habitual drunkards and insane spendthrifts, is not an innovation. The following extract may serve to corroborate my suggestion on this subject:

"In the State of New York, we have a statute which places the property of habitual drunkards under the care of the Chancellor, in the same manner as that of lunatics. The Overseers of the Poor, in each town, may, when they discover any person to be an habitual drunkard, apply to the Chancellor for the exercise of his power and jurisdiction—and in certain cases, when the person considers himself aggrieved, it may be investigated by six freeholders, whether he is actually what he is described to be, and their declaration is *prima facie* evidence of the fact. The conduct of individuals of this class should be particularly noticed during the intervals of temperance, if any such exist. If spirituous liquors exercise such an influence as to render us doubtful concerning the state of mind at this time, we may reasonably infer that the alienation is becoming permanent." *Beck's Medical Jurisprudence*, page 252.

"Note. By the Roman law a notorious spendthrift was put under guardianship; and by the law of Scotland, a man who, from drunkenness, facility of temper, or any other cause, is liable to be stript of his property by the necessitous or designing, has the power of putting himself under trustees, without whose sanction no act of his can be valid." *Dunlop.*

All Insurance Offices either require a higher premium for, or refuse to insure the lives of, persons who have been insane. This practice is based on the observation that insanity shortens life. The brain is the most delicate and complex organ in the human frame; it is very violently excited in cases of insanity; great mortality follows it; on inspection after death, the structure of the brain is often found to be materially injured by it; and yet Physicians, attending insane institutions, are to be found, who will swear that life is not shortened by it. Two statistical questions only seem necessary to settle this matter,

First, What is the annual rate of mortality among the sane, throughout the country?

Second, What is it among the insane?

In Yorkshire, the annual mortality, a few years ago, was estimated to be one in sixty, and in other counties it does not, I believe, vary more than three or four per cent. The average mortality, in all the county Asylums taken together, is about one in ten. Thus it appears that, in round numbers, the mortality among the insane is about six times as great as among the sane. If, deducting the slighter cases of insanity not sent to any Asylum, we estimate the mortality among the rich to be only half as great as it is among the pauper lunatics,

we shall still have sufficient evidence that insanity materially contributes to shorten life.

A power of appeal or reference to some standard work, in such a case, would materially assist the court. The *onus probandi* would then rest with the propounder of new and absurd opinions. Witnesses ought to have a power of appealing to some work on medical jurisprudence and on insanity, in order to enable them to substantiate their testimony.

Great improvement might be made in the treatment of the insane in this country, by appointing a talented middle-aged Pysician, who has had some experience in the disease, to travel over Europe, to visit all the most distinguished foreign Asylums, and to report the result of his observations on every subject connected with the management of Asylums and the treatment of the insane.

CHAPTER XXII.

Rules, Regulations, and Dietary.

Without suitable rules and regulations, without a wholesome, nourishing, and easily digestible dietary, the most persevering industry on the part of the Physician, the most judicious means of treatment must be unavailing. The rules, regulations, and dietary of the Hanwell Asylum, published in the Parliamentary reports, are excellent; but they are a mere farce, a clap-trap to catch the attention of the professional visitors, they are not put in force; neither the dietary nor the rules are strictly attended to. During the time that I was Physician to the West Riding Asylum, my attention was often called to this subject, in consequence of the illness of my patients, occasioned by deviations from the dietary. No pigs ought to be killed in a public Hospital; no meat pies, no bacon, no cheese ought to be allowed. No fat dumplings, made of oxygenated fat arising from the skimmings of boiled meat or the drippings from that which is roasted.

I have frequently visited insane patients, made ill by eating blood-puddings, pig-offal, meat pies, or bacon. A dietary adapted to the digestive powers of the feeble, will always agree well with those who enjoy robust health. For breakfast and supper, nothing can be better than the milk porridge used at Wakefield and Hanwell; it is much preferable to giving cheese and beer for supper. Cheese is indigestible, and beer at night, in many recent cases, is improper. No other kind of meat besides beef and mutton ought to be given at dinner. The portion given to each patient, at Wakefield and Hanwell, is quite sufficient for the general class of patients; the medical attendant having power to order more in particular cases. The yest dumpling and treacle sauce is a great improvement to the dinner. I strongly recommend its introduction into all the county Asylums. It is a cheap article of diet, easy of digestion, and extremely grateful to all the patients. On the days when meat is not allowed, such dumplings, made of fresh suet, may sometimes be given. This pudding generally agrees well with the patient, and is at times an economical mode of using the suet appertaining to the meat purchased for the use of the Asylum.

That most important of all articles of diet, bread, ought always to be made by the patients,

with fresh yest and what is called second-best wheat flour. Insane patients in general require a more substantial diet than what is usually given in a prison or Infirmary. The Magistrates have several times, unsuccessfully, attempted to introduce brown bread into the House of Correction, at Wakefield. Its use has always been followed by diarhœa or dysentery, or both. About twenty years ago, I was requested by the Magistrates to visit a number of patients in the House of Correction, labouring under diarrhœa and dysentery. These patients were men of debauched and profligate habits, who had previously lived almost entirely on animal food, ale, and spirits. Upon such constitutions brown bread acted as a constant purgative. I recommended the common household bread to be substituted for the brown bread, and both diarrhœa and dysentery very speedily vanished.

The Physician is continually liable to be misled, with regard both to the cause and cure of disease, unless he be made fully acquainted with the mode of living.

I am happy to find that Mr. William Farr is collecting materials on the subject of diet tables for the sick and insane. The small unpretending brochure, which he has already published on the

statistics of English Lunatic Asylums, affords much more novel and useful information, on the subject of insanity, than is contained in the entire octavo volume lately published by the Knight of Hanwell. A systematic treatise on the economy and management of Lunatic Asylums is a desideratum, and will, I have no doubt, be very ably executed by Mr. Farr.

CHAPTER XXIII.

Remarks on Phrenology.

Books on phrenology, like other works of pure fiction, have served for a quarter of a century to occupy and amuse the curious and imaginative. I will not say, that "like the baseless fabric of a vision" they have not "left a wreck behind," because I am of opinion that phrenology, like the search after the philosopher's stone, has given an impetus to enquiry respecting the anatomy, the physiology, and the pathology of the brain; it has served to direct keen enquiry and observation into

a neglected channel, and in this way has contributed to advance real science. During the last twenty years, I have been present at about two hundred *post mortem* examinations, where the brain has been inspected. In many of these cases I have endeavoured to trace the connection between the external phrenological signs and the existing conditions of the naked brain, but I have never yet succeeded in any one instance.

Although I could never discover any visible correspondence between the external conformation of the skull and the form of the naked brain beneath, yet I have seen instances where indentations have been made on the inner table of the skull, by the brain itself, without any corresponding elevation externally; on the contrary, the external surface was remarkably smooth. The unravelling of the brain, by Gall and Spurzheim, was a real discovery. Its separation by them into large plates seems to me to be alone sufficient to refute their doctrine. If different parts of the brain perform different and distinct mental operations, then each of these plates ought to have a different and distinct office. The artificial division of the brain into separate organs does not bear any relation to its natural unravelling. The most incongruous organs will be found huddled together in one plate. When we see a number of

diverging plates or lamina attached to a common fixed centre, it is rational to infer, that if the brain were divided into separate organs, each plate arising from the common centre should only contain similar or very analagous faculties; but if we view the brain before it is unfolded, we shall find that each plate or lamina occupies the situation in which various unconnected faculties or organs are located. In every part of creation we find organs adapted to the object in view; this is exemplified in the electrical eel, the viper, and the cuttle fish, and we find that each organ of sense is suited to the medium in which the animal is destined to live; but in the structure of the unfolded cerebrum we cannot distinguish the slightest difference. Between the structure of the cerebrum and cerebellum there is a wide difference. The latter resembles a galvanic battery or the apparatus of the electrical eel, and is very probably intended to supply nervous power, to be conveyed by the nerves of sensation to all parts of the body.

In cases of palsy, my observations concur with many others who have lately written upon the subject, that the cerebrum is the part most generally diseased. The small thin parallel plates, exhibited by unravelling the cerebellum, indicate an organ of refined construction, destined appa-

rently to perform not the grossest, but the most subtle, functions of the brain. It is placed, too, in that situation where it is best protected from external injuries.

The old term physiognomy appears to me to be much more appropriate to the subject than phrenology.

CHAPTER XXIV.

On Asylums for the Aristocracy.

Qui uti scit, ei bona.

It has been rumoured that the aristocracy intend to erect an Asylum, suited to their rank and station and adapted to their wants. This, I consider, to be a great desideratum, because under existing circumstances a very small portion of their order, who become deranged, recover. This is occasioned, partly, by their being kept too long at home, during the curable period of the disease, and partly, by want of suitable occupation when they are sent

to an Asylum. There exist, in this country, some respectable private Asylums, which have been established at a very great expense; but it is impossible for any private Asylum to furnish the accommodation necessary to place the rich lunatic on a level with the pauper, as far as regards the prospect of a speedy recovery; because the private Asylum is unable to enforce and secure constant and regular employment. Expend half a million sterling in a park, a palace, and a library. Engage men of the first talent for varied knowledge, in order to instruct the insane, and to initiate them into some mental occupation suited to their capacity and taste. Engage other men to superintend them and lead them in musical performances, and to be their companions in manly exercises out of doors. Under such management, the rich would recover in greater proportion than the poor, because insanity is very often induced among the rich, by slighter corporeal injury than what occurs among the poor. The occupation of Cowper, in the translation of Homer, contributed, without doubt, to prolong his intellectual existence many years. It is possible to employ the rich man as regularly as the pauper, but great and varied talent and constant labour are necessary, to secure attention and to adjust the occupation to the taste and capacity of the

patient. With many among this class, heraldry is an untiring subject of discussion and research. All officers attached to such an Asylum ought to be men of genteel and courtly manners. Every thing about them ought, as much as possible, to resemble their own homes. The only difference which they ought to feel should be the restraint which is necessary for their cure. The coarse and vulgar demeanour of a Medical Man only accustomed to attend the poor would very ill accord with such an institution; indeed, there is such a wide difference between the treatment of the luxurious rich and of the poor, that he would neither be fit to medicate such patients, nor to determine upon nor to settle their diet.

On Male Keepers.

If Madhouses were placed under the superintendence of a Minister of Health, it would be easy to supply excellent male keepers from the army. Many men, totally unfit for military service, would be capable of efficiently filling this office.

Mr. Brown's lectures on Asylums contain some very pertinent remarks on keepers, classification, and upon the duties of the clergy appointed to administer religious instruction to the insane.

CHAPTER XXV.

Comparative Remarks on the English Pauper Lunatic Asylums, particularly on Hanwell Asylum.

A comparative table of the cures and deaths, &c., in the English County Lunatic Asylums, drawn up from a Parliamentary report, printed 14th July, 1836. This table is for five years, from 1831 to 1835, in order to include a greater number. The Dorset Asylum has, indeed, only been open four, and the Kent three years from the date of the report. In Norfolk Asylum the year ends in May :

Names of Counties.	*No. of years of admission*	*Patients admitted.*	*Patients cured.*	*No. cured per cent.*	*Relapses.*	*No. cured deducting Relapses, per cent.*	*Patients dead.*	*No. per cent. dead.*	*Discharged by desire of friends, &c.*	*Dysentery*	*Suicides.*
Bedford....	1831, 5	191	61	31.9	23		29	15.1			1
Cheshire...	1831, 5	209	87	41.6	15	34.4	44	21.	21		2
Cornwall...	1831, 5	175	80	45.7	22	33.1	34	19.4			
Dorset.....	1832, 5	145	41	28.2	5	24.8	15	10.3	7		2
Gloucester..	1831, 5	268	156	58.2	31	46.4	25	9.3	20		
Kent.....	1833, 5	254	35	13.8	8		45	18.8		6	1
Lancaster...	1831, 5	779	301	38.6	67	30.	396	50.8			
96 of this number died of cholera.....							96				
							300	38.8			
Middlesex...	1831, 5	1183	181	15.3	41		326	27.5	31	75	2
Norfolk....	1832, 6	293	127	43.3	49	26.6	135	46.			
Nottingham	1831, 5	274	100	36.4	66		42	15.3		1, dying	2
Stafford....	1831, 5	634	295	46.5	159	21.4	110	17.3	130		2
Suffolk....	1831, 5	362	167	46.1	25	39.2	104	28.7			2
WestRiding	1831, 5	709	303	42.7	127	24.8	257	36.2	89	13	4

The following table contains a list of the cures and deaths in the English County Asylums, for five years as above, deducting the relapses and the patients dismissed by the desire of their friends from the cures. The counties are placed in the order of the number of cures effected in each, beginning with the largest number:—

Names of Counties.	*Cured per cent.*	*Dead per cent.*
Gloucester.....	46.4	9.3
Suffolk.....	39.2	28 7
Nottingham	36.4	15.3
Cheshire	34.4	21.0
Cornwall	33.1	19.4
Bedford.....	31.9	15.1
Lancaster	30	50.8
Deducting deaths by cholera		38.3
Norfolk.....	26.6	46
Dorset	24.8	10.3
York, West-Riding.....	24.8	36.2
Stafford	21.4	17.3
Middlesex.....	15 3	27.5
Kent, open only 3 years....	13.8	18.8

Many of the Parliamentary returns are so imperfect, that it is difficult to say whether or not the relapses have been deducted from the cures.

I have endeavoured, as far as my materials would admit, to reduce all the county Asylums to an equality in this respect.

I do not perceive that any attempt has been made to increase the apparent number of cures, by adding to the list those who have been discharged uncured by the desire of their friends, or otherwise, except at Hanwell. It is worthy of remark, that dysentery has only spread in three of the county Asylums, Kent, Middlesex, and the West Riding of Yorkshire. One patient in a dying state was brought into the Nottingham Asylum, but the disease did not spread. In the Middlesex report, the cases of diarrhœa and dysentery are not given separately. The number of suicides is not considerable any where except in the West Riding, where there have been four. Gloucester stands the first in the list; in this Asylum, not only the greatest number of cures occur but the fewest deaths, being under the general annual average. The number of relapses is 11.8 per cent.; the number of patients dismissed uncured, by desire of friends, 7.8 per cent. What peculiar local advantages this Asylum may have I do not know, but, as far as I am able to form a judgment from these reports, the conductors of this institution are entitled to the first rank among the superintendents of Asylums.

Suffolk stands second with respect to the number of cures, but the deaths are considerable, being 28.7 per cent. Nottingham ranks the third with respect to cures, but the deaths are not much more than half of those in Suffolk, being 15.3 per cent. I have presumed that the re-admissions have been deducted from the Nottingham report. Were it otherwise, indeed, the cures would only amount to 12.4 per cent. Cheshire stands the fourth in the list as to cures, but the deaths exceed those at Nottingham near six per cent.

The Asylum at Chester possesses local advantages, superior to any other which I have seen. The situation is salubrious, and the prospect from it delightful. The rooms are spacious and lofty, and the airing courts well sheltered. The mortality in any Asylum must depend upon the intensity of the cases admitted, as well as upon the local advantages. It is impossible, therefore, for any one to predict, what ought to be the number of cures in any situation, without being acquainted with the nature of the cases admitted. A much greater number of bad incurable cases, in general, come from the large manufacturing towns, than from the agricultural districts; a greater mortality, therefore, may be expected in Lancashire and Yorkshire, than in Cheshire. All other circum-

stances being equal, I conceive, that the number of cures ought to be as great, and the number of deaths as few, at Chester, as in any county Asylum. The Director, who is non-resident, receives a stipend of £500 per annum for his services, and rumour says that his visits are not so frequent as they ought to be.

From the experience which I have had, I am confident that no Physician can efficiently do his duty by attending such an institution only about twice a week. During eight years and four months that I gratuitously attended the West Riding Asylum, I was never, except once, absent five days. When I had very acute cases under my care, I attended every day and sometimes twice a day. One important inference may be drawn from these observations, viz. that a large stipend does not secure a corresponding diligent attention. I do not mean to infer that the Director of the Chester Asylum possesses no merit or is deficient in professional skill, but I am of opinion that if our Asylums were under the management of a Medical Board, assisted by local visitors and a searching annual public report, the number of deaths would be diminished and the number of cures greatly increased, although the stipend should be reduced one half. Where a Director has the moral as well

as the medical superintendence of an Asylum, he ought, at least, to visit such an institution once a day. Some general principle ought to be adopted with regard to the stipends allowed to medical officers belonging to Asylums. I am told, that such is the danger and irksomeness of attending Madhouses, that no man of talent would offer himself as a candidate for such situations without being extravagantly paid In reply to such observations, I beg leave to ask if there exist no men of great talent and merit in the army or navy? Is the situation of a medical officer in an Asylum more irksome or more perilous than that of a Surgeon in the army or navy?

A searching yearly report from every Asylum in the kingdom, in answer to a set of questions issued from a Medical Board, with power to punish delinquents for fraud or inattention, would not only tend greatly to improve our statistics respecting insanity, but, by increasing the attention of the community to the insane, and by the stimulus of competition, would considerably diminish the mortality and increase the cures among that unfortunate and much neglected class of our fellow-creatures.

The West Riding Asylum, which has been held up as the pride of England and the envy of Europe, stands very low indeed with respect to

cures. The West Riding Asylum stands the tenth, and is bracketed with Dorset, as far as regards the cures; but the mortality is almost quadruple compared with Dorset, being 36 to 10. The mortality at Wakefield is greater than in any other Asylum except Lancaster and Norfolk.

In the West Riding Asylum report, terminating in December, 1837, are given some unexpected results of great importance, if confirmed by future details of a similar kind. It appears that the difference in the number of cures per cent. between patients who have not been insane more than three months; between patients who had not been deranged more than one year; and between patients discharged cured who had had previous attacks, was only two and a fraction. About 10.5 per cent. have been discharged by the desire of their friends.

The following table exhibits the exact amount:

Patients discharged cured, who had not been insane more than three months before admission, per cent 54.94
Patients of the same class dead, 24.45 per cent.

Patients discharged cured, who had not been insane more than twelve months before admission, per cent.... 53.33
Patients of the same class dead, 37.67 per cent.

Patients discharged cured, who had been insane from one to many years before admission, per cent 11.17
Patients of the same class dead, 52.56 per cent.

Patients discharged cured, who have had previous attacks, per cent 52.52

Patients of the same class dead, 20.92 per cent.

Patients not cured, discharged by desire of their friends, and others by order of the Magistrates 10.59

It is desirable to ascertain the difference, in the period of confinement in the Asylum, between cases of three months and of one year standing, and of those who have had previous attacks. In some observations on prognosis formerly published, I remarked, that cases of hereditary insanity are, in general, more easily cured and more prone to relapse, than where no hereditary taint exists. A considerable number of those discharged cured who have had previous attacks are, I apprehend, cases of hereditary disease. Mental irritation, without much bodily disease, frequently produces insanity in those who have a tendency to the disease.

Another inference deducible from this table ought to be known to all the world. It ought to be published continually in our year books and almanacks, viz. that after a person has been insane one year, there remains but a fifth part of the chance of recovery that previously existed.

It is a self-evident proposition that accurate statistical details tend very much to promote medical knowledge. In a letter addressed to Lord

Fitzwilliam in October, 1832, see page 23, I expressed my opinion that no dependence could be placed on the medical reports, in an Asylum governed by one man. Could I have foreseen, at that time, the events which have since occurred at Hanwell, I could not have more appropriately described them. In confirmation of this remark, I will quote an extract from an able speech made by Mr. H. G. Knight, in the House of Commons, regarding the Middlesex Asylum. This speech is copied from the *Times* newspaper. After noticing that at other county Asylums more than 40 per cent. have been cured, and at Hanwell only 18, he adds, "neither will it be found that Hanwell has had an unusual number of old cases, by which I mean patients who have been sometime insane previous to admission, and whose cure is rendered thereby the less probable. I hold in my hand a report from the Medical Superintendent, which proves that in the first year, only such cases were admitted as were most likely to benefit by the institution, that is to say, only recent cases; and I am in a condition to prove that since that time, the same cautious selection has not been laid aside. It is not, therefore, in this manner that the paucity of cures can be accounted for. If any thing could be more dissatisfactory than the amount of cure,

it is the manner in which that amount has been attempted to be accounted for by the Medical Superintendent. The paucity of the cures naturally attracted the notice of the visiting Justices, and induced them to require an explanatory statement from Sir W. Ellis. They printed the letter which they received in reply, and laid it before the Quarter Sessions. In that letter the Medical Superintendent states, that in five years, out of 1296 patients which had been admitted, 260 had been discharged cured. Now this was no ordinary return. It is a justification proposed for the information of the Magistrates, and what was the impression which that statement was likely to convey? what but that 260 patients had been really discharged in a sane state of mind? No such thing, for a return now on the table shows that the 260 were not so many persons, but, in several instances, the same person cured over and over again. This is not all; for having reason to question the accuracy of that statement, I moved for another return, and will it be believed, that at the very same moment that the statement was made that 260 persons had been discharged cured, several of the persons described as cured either were at the very moment within the walls of the Asylum, not cured, under the immediate care of the author of that statement, or

had died in a state of insanity. *And I am prepared to show that neither was the second return correct, and that several more persons out of the* 260 *than are named in the second return were at that moment uncured and in the Asylum.* If the paucity of cures is unsatisfactory, the explanation strikes at the root of all confidence." I have given this extract at full length, in order that I might not garble the statement.

When one man only has the superintendence of an Asylum, many means to deceive the public with respect to the statistical details may be resorted to; but in Pauper Lunatic Asylums, by referring to the parishes, it is possible, to detect and expose all such devices. A fraudulent man may greatly multiply the apparent number of cures, by discharging patients uncured and immediately re-admitting them. In all annual reports, therefore, a list of cures with and without the re-admissions ought to be given. A list of patients discharged by the desire of friends ought to be given, not only yearly, but from the opening of the institution. The trick of passing recent cases for old ones, can only be discovered by referring to the parishes. Hanwell affords facilities for fraud not to be found in any other Asylum. In consequence of that institution being unable to contain all the Middlesex

pauper lunatics, when a patient is dismissed uncured or moribund, he is not sent back to increase the re-admissions or the deaths, because the parish to which he is sent back has already its quota of pauper lunatics in the Asylum. Other facts prove that no confidence can be placed in Sir W. Ellis's statistical statements. The account of the Hanwell diet table officially furnished to the House of Commons, in answer to enquiries sent to him, differs very considerably from the account which Sir W. Ellis has given in his work on Insanity. The latter, which in point of salubrity is much inferior to the former, is in common use there. Boiled pork is given for dinner every Thursday, instead of mutton or beef, and fourteen ounces of meat pie every Saturday, instead of stew, made of coarse beef mixed with rice. What apology can be made for such deceit? Again, in the work just alluded to a fallacious table is given, intending to show that there has been less mortality at Hanwell than at Wakefield or Lancaster. The fallacy consists in this, that he has compared the first six years of the mortality at Hanwell with what has occurred at Wakefield and Lancaster after these institutions have been open for twenty years. In Asylums where incurable patients are only discharged by death, the number of deaths must necessarily be

greater, in an institution which has been open twenty years, than in one which has only been open six. The following table will show the comparative mortality at Lancaster, Wakefield, and Hanwell, for the first six years after the opening of each Asylum:—

Name.	*Date.*	*Patients admitted.*	*Deaths.*	*Deaths per cent.*
Lancaster...	From 1817 to 1822	480	99	20.6
Wakefield ..	From 1819 to 1824	652	117	17.9
Hanwell	From 1831 to 1836	1296	391	30.1

Ellis states that the average per centage of deaths, for the last six years, is, at Lancaster, 24.29; at Wakefield, 17.87; at Hanwell, 12.36. What credence can we give to Hanwell statements, unless confirmed by collateral evidence? Have not many of the deaths at Hanwell, from cholera, dysentery, and diarrhœa, been occasioned by the use of meat pies, pork, and pig-offal?

To many of our Hospital Physicians and Surgeons we are indebted for some of our best scientific works and for some of the most accurate statistical details. Sir W. Ellis, too, has published a work, but of a very different character from what I have described. It is, professedly, addressed to

the popular ear; it is written in a popular style, free from technical terms.* A number of announcements of cures of insanity, in various forms, are given under the assumed name of cases. These bear very little resemblance to existing cases of insanity, but are closely allied to the empirical advertisements published by those who profess to cure one disease: I allude to the aurists, the oculists, and the cure of syphilis. It is, I contend, a discreditable and meretricious use of public Asylum medical practice, to make it the medium of advertising for patients, instead of promoting by it the advancement of medical science. After these remarks, it will not greatly surprise the reader, to find that the Knight of Hanwell is a great enemy to local visitors and non-resident Physicians. On this subject let us hear what he has to say.† "This system tends to cramp the energies of the Superintendent, when his best efforts for the welfare of his patients are liable to be mis-understood and thwarted by a visitor, whose annual subscription has given him, during his monthly rotation, the power but not the requisite knowledge to interfere; *he gradually ceases to exert himself and is content with kindly performing a dull routine of uninteresting duties.*

* See note to page 133. † Ellis on Insanity, page 208.

"Another error is of frequent occurrence in the management of county Asylums. The Medical Superintendent and Matron, who live on the spot and are nominally at the head of the institution, have really very little discretionary power. One or two of the Physicians residing in the neighbourhood, and who are expected to visit the patients once or twice a week, have in many of them the entire direction; the Superintendent and Matron having little more to do than to carry their orders into execution. The necessary result is that there is a division of responsibility. *The Superintendent finding himself a mere agent becomes indifferent to the success of the institution;* and the Physician being incapable during his medical visits of organizing the details, (although these materially affect the patient,) *does not feel himself responsible for the domestic or moral management.*

"Now, it is not possible that an Asylum can be well conducted, unless those who are on the spot are most zealously alive to every little thing, which can by possiblity contribute to the well-being of the patients. It is by the multiplicity of these little things that great effects are produced. The dispositions, habits, and temperaments of the individual patients must be watched from day to day; and the moral treatment, and, in a great

measure, the medical also, must be adapted and varied according to the peculiar and changing circumstances of each. Now, no person ought to be appointed, as the resident Medical Superintendent, who is not (no matter whether he be Physician, Surgeon, or Apothecary) medically and morally qualified for the office; and if he be so qualified he will, from being constantly on the spot, have much greater opportunities of observing the peculiarities of the patients, and of making himself familiar with every turn of the disease and the treatment required for it, than a Medical Man who only pays short and occasional visits to the institution; *and he will have the still further stimulus for his exertions of knowing that his reputation is at stake in their success.* With honourable and high-minded men (no others ought to be selected) this will be of more avail than a code of regulations and a regiment of visitors to put them in force."

Had I wanted any additional illustration or argument respecting the impropriety of trusting the management of an Asylum entirely to one man, what could I have brought forward more striking or more convincing than the Old Bailey morality contained in the above quotation?

Sir W. Ellis has, for a long series of years, belonged to that respectable body of Dissenters

called Wesleyan Methodists. Among this body he has been a class-leader and a local preacher, and the sentiments in his work relating to religion are generally such as one might expect from a sincere and devout Christian; but there are some confessions in the passage which I have quoted, there is a moral conduct espoused, at which every honest and honourable mind would revolt, of every religion and every creed. Even among savage tribes we find many honest and honourable men, who scrupulously fulfil their engagements.

A Superintendent of a Pauper Lunatic Asylum accepts a very important trust, and receives from the public, for his services, a very high yearly stipend; and then, because he is not invested with supreme authority, because men of superior talents and superior attainments are appointed to instruct and assist him, and visitors to watch his conduct, can he, as a man of honour, as an honest man, tell the public "that he gradually ceases to exert himself and is content with kindly performing a dull routine of uninteresting duties, and that he becomes indifferent to the success of the institution?" On his appointment he undertakes to superintend the details of the domestic and moral management of the Asylum, he pockets the public money for performing this duty, and then turns

round to his employers and tells them that unless he be invested with the entire management and the entire responsibility, he will become indifferent to the success of the institution. This I know, that both during the time of the late and of the present Superintendents of the Wakefield Asylum, the domestic and moral management of that institution has been grossly neglected.

There is another instance of the incorrectness of Sir W. Ellis's statements: he tells us in his book, that one keeper is always left in each ward, to take care of the patients. I am credibly informed that this is not true, and that the male epileptic and paralytic patients are locked up in their ward alone during working hours, both the keepers being sent out of doors to labour as bricklayers. This is a specimen of the attention that is paid to the little comforts of the patients. When they fall down in fits or fight together, which this class of people is apt to do, there is no one to assist or separate them.

CHAPTER XXVI.

Petition to Parliament.

The following is a copy of the petition presented to the House of Lords and the House of Commons, in 1834:—

"To the honourable the Commons of the United Kingdom of Great Britain and Ireland, in Parliament assembled, the petition of the undersigned Caleb Crowther, Physician, practising in Wakefield,

"*Humbly sheweth,*

"That your petitioner has, professionally, for many years attended the Pauper Lunatic Asylum at this place, and that since he resigned the office of Physician to that institution, he has visited a great number of Madhouses and public Hospitals, in different parts of the empire, with a view of comparing their respective merits and defects, and of forming a just estimate of the first principles necessary for the government of Madhouses.

"That your petitioner humbly prayeth your honourable House to appoint a Commission during the present session of Parliament, to examine, without exception, all the public and private Asylums for the insane in the United Kingdom, and to compare their administration with that of some of the best-regulated Hospitals and Infirmaries.

"That the Infirmaries at Glasgow, Liverpool, Manchester, Birmingham, and Leeds, in the opinion of your petitioner, afford admirable specimens of Hospital discipline.

"That the Asylum at Glasgow, and the Retreat, belonging to the Society of Friends, at York, afford most favourable examples of a public and private Madhouse which your petitioner has witnessed.

"That, although great improvement has been made in the management of Madhouses, during the last twenty years, your petitioner has reason to believe that great abuses, great negligence, and great licentiousness still exist in some of them.

"That the first principles necessary for improving the management of Madhouses are, daily visitation, scientific governors, the admission of patients in the first stage of the disease, and regular employment for the convalescent insane. That the superiority of our Infirmaries has, with great

justice, been ascribed to the assiduity of their daily visitors, who minutely examine the cleanliness and ventilation of the house, the quantity and quality of the food, the conduct and behaviour of all the officers, servants, and patients in the institution. Whatever is found amiss is recorded, in a book submitted to the inspection of a weekly Board of Governors.

"That this system of visitation has been adopted at the Asylum, at Glasgow, and at the Retreat, at York.

"That, without the aid of such a system, the visits of Governors once in three months will ever remain ineffective.

"That, in the opinion of your petitioner, there exist in every part of the country benevolent beings of both sexes, who would accept and faithfully execute such a trust gratuitously.

"That the governors of Madhouses ought either to understand the moral and medical management of the insane, or, like a sensible jury, they ought to be guided by those who do understand the subject.

"That the great errors committed by the visiting Justices, in medical matters, at the Penitentiary at Milbank, at Cold Bath Fields Prison, at the Asylum and Prison at Wakefield, and at the

Asylum at Hanwell, prove how unfit Magistrates are to govern such institutions, and indicate the necessity, in this country, of the appointment of a Minister of Health.

"That Magistrates do not understand when the insane are judiciously treated, and will not submit to the appointment of visitors, because they say that it will create *imperium in imperio*, and derogate from their power.

"Your petitioner, therefore, begs permission to suggest, to your honourable House, the propriety of putting all Madhouses, both public and private, under the management and entire direction of a Medical Board, consisting of twelve persons; nine or ten of that number to be Physicians, and the remainder Civil Engineers. Three members of this Board, two Physicians and one Civil Engineer, to be required to visit, four times a year, at irregular intervals, every Asylum in the United Kingdom.

"That correct reports of the history and treatment of every insane case, be required to be transmitted monthly to this Board in London. That such reports would serve to stimulate the diligence and to expose the neglect of the medical attendants; and to improve and equalize the mode of treating the insane.

"That, at each visit, the travelling Physicians ought to be required to examine every individual patient, and to ascertain the correctness of the reports transmitted to the Board. Such a regulation would prevent the possibility of any insane patient being long unnecessarily confined.

"A report or summary of the practice in every Asylum, both private and public, ought to be published annually by the Medical Board.

"All the acts of the Physicians and Civil Engineers ought to be done in public; except the visits of the Physicians to the insane patients.

"The business of the Civil Engineer will be to examine whatsoever relates to the buildings, to the accounts, and to the domestic economy of the establishment.

"That, at the first attack of the disease, the patient ought to be sent to an Asylum, or privately put under proper restraint and suitable treatment, in order to prevent the disease from becoming incurable from injury done to the structure of the brain.

"In the higher classes of society, as well as among the poor, the insane are frequently detained at home, in consequence of the fears, the ignorance, and the prejudices of their relations, and sometimes from the self-interest of the medical attend-

ant, until the disease, from morbid organization, becomes incurable.

"Your petitioner humbly submits to the consideration of Parliament, whether or not a much larger fine ought to be imposed upon the rich, than what is now imposed by the existing law upon the overseers of the poor, who neglect to put their relations and friends under such restraint and medical treatment, as is essential for their safety and recovery.

"Your petitioner is, from ample experience, convinced that after curing the bodily disease incident upon the first attack of insanity, nothing contributes more towards removing the mental alienation, than employment suited to the circumstances and habits of the patient. The method of verifying this observation will be to compare the number of patients cured in Madhouses placed under similar circumstances, where employment is extensively used and where no recourse is had to it.

Your petitioner, therefore, most humbly prays that your honourable House will adopt the measures herein suggested, or such other measures as may appear to your wisdom most efficacious, to secure to the insane judicious and humane treat-

ment during confinement, and the most speedy restoration to their friends; and your petitioner will ever pray.

"CALEB CROWTHER, M.D.

"Wakefield, Feb. 7, 1834."

"To the Lords Temporal and Spiritual of the United Kingdom of Great Britain and Ireland, in Parliament assembled."